

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.
American Podiatric Medical Association Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="494355.15"/>	<input type="text" value="494355.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="507612.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10508.00"/>	<input type="text" value="346265.50"/>
(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="518120.65"/>	<input type="text" value="840620.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18000.00"/>	<input type="text" value="340500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="500120.65"/>	<input type="text" value="500120.65"/>
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).....	3906.00	223222.00
(ii) Unitemized	6602.00	118043.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10508.00	341265.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10508.00	341265.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10508.00	346265.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10508.00	346265.50

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	340500.00
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)) ..	18000.00	340500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	340500.00

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)	10508.00	341265.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10508.00	341265.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

An internal audit conducted in June 2015 revealed three receipts which were included on the original October 20 2014 Monthly report were actually not processed (credit card donations to the PAC - itemized contributions from Harvey Karpo \$500, Mackie Walker \$500, and unitemized contribution from Donald Reisch \$150, all originally reported as having been received on 9/8/2014). To correct this error, we are filing this amended report to reflect that these donations were not actually received (they've been deleted and so do not appear on this report), and we will be filing amended reports for each subsequent report to correct our cash-on-hand figures on these reports.

Form/Schedule:
Transaction ID:

**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 18
	<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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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. Joan M. Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1147 E. Grand Ave.
 City Escondido State CA Zip Code 92025-3219
 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
 09 / 02 / 2014
Transaction ID : A7D7190675A6F4412B5F
 Amount of Each Receipt this Period
 500.00

B. 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 ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2014
Transaction ID : A1F136A4CF46E49D7A2C
 Amount of Each Receipt this Period
 150.00

C. Dr. Kirk Eliel Woelffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Raleigh Foot & Ankle Center
 P.O. Box 98209
 City Raleigh State NC Zip Code 27624-8209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Foot Center
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 14 / 2014
Transaction ID : AC08B35497C1D462691A
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Jeffrey Alan Dunkerley
 Full Name (Last, First, Middle Initial)
 Mailing Address Martin Foot & Ankle
 2300 Pleasant Valley Rd.
 City York State PA Zip Code 17402-9627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : AD33A2EE8ACF54424B31
 Amount of Each Receipt this Period
300.00

B. Dr. Anthony M. Lombardo
 Full Name (Last, First, Middle Initial)
 Mailing Address Ankle & Foot Specialists of St. Lo
 12255 DePaul Dr. #470
 City Bridgeton State MO Zip Code 63044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bridgeton Podiatry 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
 09 / 17 / 2014
Transaction ID : AD78776CEBA1B43359CA
 Amount of Each Receipt this Period
250.00

C. Dr. Patrick A. McShane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1834 S. Stewart
 City Springfield State MO Zip Code 65804-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : A38D2A13141074D1891C
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<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. Joel Scott Segalman
 Full Name (Last, First, Middle Initial)
 Mailing Address Chase Parkway Podiatry Group
 714 Chase Pkwy.
 City Waterbury State CT Zip Code 06708
 Name of Employer Chase Parkway Podiatry Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2014
Transaction ID : AAB658D09531149899F9
 Amount of Each Receipt this Period
 300.00

B. Dr. H. F. Brown III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Georgia Ave.
 City Little Rock State AR Zip Code 72207-5014
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2014
Transaction ID : ABC5406610EB7405380A
 Amount of Each Receipt this Period
 50.00

C. Dr. Robert Frimmel
 Full Name (Last, First, Middle Initial)
 Mailing Address Sarasota Footcare Center
 1921 Waldemere St. #106
 City Sarasota State FL Zip Code 34239
 Name of Employer Sarasota Footcare Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2014
Transaction ID : A604370F597444AB2AA9
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 18
	<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. Tyson E. Green
Full Name (Last, First, Middle Initial)

Mailing Address 4213 Maidstone Dr.

City Lake Charles State LA Zip Code 70605-4033

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 09 / 20 / 2014
Transaction ID : AF9388C9186B44F068BF

Amount of Each Receipt this Period 100.00

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

Mailing Address Pensacola Foot & Ankle Center
4850 N. 9th Ave.

City Pensacola State FL Zip Code 32503-2407

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

Name of Employer Pensacola Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 20 / 2014
Transaction ID : AD9607EB2918947AD863

Amount of Each Receipt this Period 100.00

C. Dr. Renee L. Mackey
Full Name (Last, First, Middle Initial)

Mailing Address Northeast Ohio Medical Associates
2640 W. Market St. #301

City Fairlawn State OH Zip Code 44333

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 ▼ 225.00

Date of Receipt 09 / 20 / 2014
Transaction ID : A1884E7ECE48741E2897

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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 18
	<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. Gary S. Saphire
Full Name (Last, First, Middle Initial)

Mailing Address 248 Avenue P

City Brooklyn State NY Zip Code 11204-4934

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 20 / 2014
Transaction ID : A806F7EB97E7F45F6A79

Amount of Each Receipt this Period 85.00

B. Dr. Ingrid M. Stines
Full Name (Last, First, Middle Initial)

Mailing Address 3955 Patient Care Way

City Lansing State MI Zip Code 48911-4299

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 ▼ 322.00

Date of Receipt 09 / 20 / 2014
Transaction ID : AB9450281E8874D5A908

Amount of Each Receipt this Period 46.00

C. Dr. Martha Julie Ajlouny
Full Name (Last, First, Middle Initial)

Mailing Address Greensboro Podiatry Associates, P.
530 N. Elam Ave. #A

City Greensboro State NC Zip Code 27403-1139

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

Name of Employer Greensboro Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2014
Transaction ID : A92A7C63F704C45B8987

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 381.00

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 18
	<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"/> 18

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

A. Dr. John P. Beaupied
Full Name (Last, First, Middle Initial)

Mailing Address The Palos Podiatry Group
6420 W. 127th St. #105

City Palos Heights State IL Zip Code 60463-2297

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

Name of Employer The Palos Podiatry Group Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
09 / 24 / 2014

Transaction ID : AB83937D86C2744C68B2

Amount of Each Receipt this Period
25.00

B. Dr. Deborah Behre
Full Name (Last, First, Middle Initial)

Mailing Address 314 Logger Ct. S.E.

City Olympia State WA Zip Code 98503-6722

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 ▼ **225.00**

Date of Receipt
09 / 24 / 2014

Transaction ID : A7ED9DFAEA39F422EB8E

Amount of Each Receipt this Period
25.00

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

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

City Shreveport State LA Zip Code 71106

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
09 / 24 / 2014

Transaction ID : A224CF1D6F79A423298A

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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 18
	<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. Steven B. Geduldig		Date of Receipt 09 / 24 / 2014 Transaction ID : A77E4CAA137D84BCDAF3
Mailing Address Foot Specialists of Kansas City 9119 W. 74th St. #352		Amount of Each Receipt this Period 300.00
City Shawnee Mission	State KS	Zip Code 66204-2229
FEC ID number of contributing federal political committee. C	Name of Employer Foot 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) B. Dr. Michael L. Gerber		Date of Receipt 09 / 24 / 2014 Transaction ID : AF27A081D8ECA4CF2A05
Mailing Address 41400 Dequindre Rd. #100		Amount of Each Receipt this Period 25.00
City Sterling Heights	State MI	Zip Code 48314-3751
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Dr. Philip Wayne Holloway		Date of Receipt 09 / 24 / 2014 Transaction ID : AED569934A9CB467FBA7
Mailing Address 727 E. Court St.		Amount of Each Receipt this Period 50.00
City Paris	State IL	Zip Code 61944-2460
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 18
	<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. Laura A. Lloyd
Full Name (Last, First, Middle Initial)

Mailing Address Pamlico Podiatry Associates, P.A.
403 W. 15th St.

City Washington State NC Zip Code 27889-3524

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

Name of Employer Pamlico Podiatry Associates, P.A. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2014
Transaction ID : ACAA3A747081C4316904

Amount of Each Receipt this Period 300.00

B. Dr. Donna M. McAnespey
Full Name (Last, First, Middle Initial)

Mailing Address 73 N. Maple Ave. #A

City Marlton State NJ Zip Code 08053-1782

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 09 / 24 / 2014
Transaction ID : AE120B4CB6F5C4A6EA27

Amount of Each Receipt this Period 200.00

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

Mailing Address Foot & Ankle Associates, Inc.
2019 Galisteo St. #K

City Santa Fe State NM Zip Code 87505-2159

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

Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 24 / 2014
Transaction ID : A82C30EC1FFCF4B1EACC

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18
	<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. Holly A. Spohn-Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 6425 Lynch Canyon Dr.
 City Lake Isabella State CA Zip Code 93240-9726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rural Health Clinic/Kern Valley Hosp. 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
 09 / 24 / 2014
Transaction ID : A282F55D5BAA5488B8FC
 Amount of Each Receipt this Period
 50.00

B. Dr. Craig H. Thomajan
 Full Name (Last, First, Middle Initial)
 Mailing Address Austin Foot & Ankle Specialists
 5000 Bee Cave Rd. #202
 City Austin State TX Zip Code 78746-5254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2014
Transaction ID : A3D5FCBADB5D24F8C837
 Amount of Each Receipt this Period
 100.00

C. Dr. Janet Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Van Buren Pl. S.E.
 City Albuquerque State NM Zip Code 87108-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014
Transaction ID : A722BB6E7A4634DB3A9D
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	3906.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

Sen. Dick Durbin

Office Sought: House Senate President

State: IL District:

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B235AD5000B034E68B38

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DON BEYER

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Donald Sternoff Beyer JR

Office Sought: House Senate President

State: VA District: 08

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B03702F23565443D290B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. GLENN GROTHMAN FOR CONGRESS

Mailing Address PO BOX 1215

City FOND DU LAC State WI Zip Code 54964

Purpose of Disbursement

Candidate Name

Glenn S Grothman

Office Sought: House Senate President

State: WI District: 06

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2014

Transaction ID : B96FCC48FBA5C41769F6

Amount of Each Disbursement this Period

500.00

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

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

5500.00

**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. Prairie PAC

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
Leadership PAC Contribution 2014 (Sen Dick Durbin)

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

Transaction ID : B0A596742634E4F69863

Amount of Each Disbursement this Period

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

B. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

Candidate Name

Rep. Dan T. Kildee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : BA4651723A10742D1AFC

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MARSHA PAC

Mailing Address 499 S Capitol St SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
LPAC Rep Marsha Blackburn

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : B852B446FA670473FA43

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE PRINCIPLES PAC

Mailing Address P.O. BOX 100

City EARLY State IA Zip Code 50535

Purpose of Disbursement
Rep. Steve King LPAC Donation

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : **B9181987942054EB697C**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. King For Congress

Mailing Address 116 N Main St.
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement
replaces check 4780

Candidate Name

Rep. Steve A. King

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **General**

State: IA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : **B157AC0FC49D940CFB78**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. King For Congress

Mailing Address 116 N Main St.
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement
VOID -

Candidate Name

Rep. Steve A. King

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **General**

State: IA District: 04

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2014

Transaction ID : **B165A3BAFCB694762B66**

Amount of Each Disbursement this Period

-2500.00

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

5500.00

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

18000.00