

**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="2013"/>	<input type="text" value="240465.66"/>	<input type="text" value="240465.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="393987.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67477.00"/>	<input type="text" value="221099.00"/>
(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="461464.66"/>	<input type="text" value="461564.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="27660.00"/>	<input type="text" value="27660.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="433804.66"/>	<input type="text" value="433904.66"/>
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).....	56223.00	158980.00
(ii) Unitemized	10254.00	61119.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	66477.00	220099.00
(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)	66477.00	220099.00
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.....	1000.00	1000.00
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))..... ▶	67477.00	221099.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	67477.00	221099.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	27500.00	27500.00
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	160.00	160.00
(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)).....	160.00	160.00
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)) ..	27660.00	27660.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27660.00	27660.00

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)	66477.00	220099.00
34. Total Contribution Refunds (from Line 28(d))	160.00	160.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66317.00	219939.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. Richard Pat Mistretta
Full Name (Last, First, Middle Initial)

Mailing Address 1745 Riverglen Dr.

City Suwanee State GA Zip Code 30024-1864

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

Name of Employer Affiliated Foot & Ankle Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : 20768497

Amount of Each Receipt this Period
 250.00

B. Dr. John F. Grady
Full Name (Last, First, Middle Initial)

Mailing Address 7605 Ridgewood Ln.

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2013
Transaction ID : 20768524

Amount of Each Receipt this Period
 5000.00

C. Dr. Michael H. Theodoulou
Full Name (Last, First, Middle Initial)

Mailing Address 24 Puritan Dr.

City Bedford State NH Zip Code 03110-6045

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 / 04 / 2013
Transaction ID : 20768526

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	5750.00
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"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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

Full Name (Last, First, Middle Initial) A. Dr. Randy K. Kaplan		Date of Receipt MM / DD / YYYY 03 / 08 / 2013 Transaction ID : 20770396
Mailing Address 6578 Post Oak Dr.		Amount of Each Receipt this Period 1250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Dr. Marisha I. Stawiski		Date of Receipt MM / DD / YYYY 03 / 08 / 2013 Transaction ID : 20770397
Mailing Address 2870 Coppergrove Ct. N.E.		Amount of Each Receipt this Period 300.00
City Grand Rapids	State MI	Zip Code 49525-3138
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) C. Dr. Amy B. Schunemeyer		Date of Receipt MM / DD / YYYY 03 / 04 / 2013 Transaction ID : 20770421
Mailing Address 2308 E. Main St. #F		Amount of Each Receipt this Period 2000.00
City New Iberia	State LA	Zip Code 70560-4029
FEC ID number of contributing federal political committee. C		
Name of Employer Foot Specialists of Acadiana	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. Harvey D. Lederman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Biltmore Park
 City Bloomfield State CT Zip Code 06002-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer W. Hartford 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 / 07 / 2013
Transaction ID : 20770422
 Amount of Each Receipt this Period
 300.00

B. Dr. Tracy L. Basso
 Full Name (Last, First, Middle Initial)
 Mailing Address 635 Anderson Rd. #4
 City Davis State CA Zip Code 95616-3505
 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 / 06 / 2013
Transaction ID : 20770423
 Amount of Each Receipt this Period
 300.00

C. Dr. George Michael Nassoor
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 E. Lafayette St.
 City Easton State PA Zip Code 18042-1675
 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 / 05 / 2013
Transaction ID : 20770424
 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 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. Sharon Miller Root
Full Name (Last, First, Middle Initial)
Mailing Address 26 Hilltop Rd.
City Mendham State NJ Zip Code 07945-1236
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 ▼ 150.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013
Transaction ID : 20772252
Amount of Each Receipt this Period
150.00

B. Dr. Sharon Miller Root
Full Name (Last, First, Middle Initial)
Mailing Address 26 Hilltop Rd.
City Mendham State NJ Zip Code 07945-1236
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 / 13 / 2013
Transaction ID : 20772253
Amount of Each Receipt this Period
150.00

C. Dr. Peter C. Paicos Jr.
Full Name (Last, First, Middle Initial)
Mailing Address Affiliates in Foot Care
3 Woodland Rd. #411
City Stoneham State MA Zip Code 02180-1714
FEC ID number of contributing federal political committee. **C**
Name of Employer Affiliates in Foot Care
Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1053.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2013
Transaction ID : 20773702
Amount of Each Receipt this Period
1053.00

SUBTOTAL of Receipts This Page (optional).....▶	1353.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. Debra Mary Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address South Baldwin Podiatry
 1770 N. Alston St.
 City Foley State AL Zip Code 36535-2274
 Name of Employer S. Baldwin Podiatry, P.C. 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 / 12 / 2013
Transaction ID : 20773703
 Amount of Each Receipt this Period
 500.00

B. Dr. Oliver S. Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address Baldwin Hills Foot & Ankle Center
 3756 Santa Rosalia Dr. #302
 City Los Angeles State CA Zip Code 90008-3606
 Name of Employer Baldwin Hills Foot & Ankle Center 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 / 08 / 2013
Transaction ID : 20773704
 Amount of Each Receipt this Period
 300.00

C. Dr. Charles M. Cavicchio
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Greenwood Ln.
 City Lincoln State RI Zip Code 02865-4726
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2013
Transaction ID : 20773705
 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 12 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Phillip E. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Timberlane Dr.
 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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013
Transaction ID : 20773722
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 20777104
 Amount of Each Receipt this Period
 500.00

C. Dr. Patricia Nicholas
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Arborvitae Ln.
 City Miller Place State NY Zip Code 11764-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 20777105
 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 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

Full Name (Last, First, Middle Initial) A. Dr. David M. Schofield		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2013 Transaction ID : 20777106
Mailing Address 1833 W. Water St. #23		Amount of Each Receipt this Period 300.00
City Elmira	State NY	Zip Code 14905-1836
FEC ID number of contributing federal political committee. C		
Name of Employer Chemung Country Medical Society	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. Kirk Geter		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2013 Transaction ID : 20777107
Mailing Address 11121 Lake Victoria Ln.		Amount of Each Receipt this Period 500.00
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: <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. William H. Dabdoub		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2013 Transaction ID : 20777108
Mailing Address 100 Ayshire Ct.		Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00	

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 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. 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 / D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 20777126
 Amount of Each Receipt this Period
 300.00

B. Dr. John M. DePalma
 Full Name (Last, First, Middle Initial)
 Mailing Address 1006 Shawnee Ln.
 City Shamong State NJ Zip Code 08088-8973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burlington County Foot & Ankle Assoc.
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 20777127
 Amount of Each Receipt this Period
 500.00

C. Dr. Jeffrey R. DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2611 Circle Dr.
 City Newport Beach State CA Zip Code 92663-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2013
Transaction ID : 20777128
 Amount of Each Receipt this Period
 500.00

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

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

A. 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
03 / 16 / 2013
Transaction ID : 20777129

Amount of Each Receipt this Period
1000.00

B. Dr. Karen L. Wrubel
Full Name (Last, First, Middle Initial)

Mailing Address 67 Albergo Court

City Rancho Palos Verdes State CA Zip Code 90275-5383

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 16 / 2013
Transaction ID : 20777130

Amount of Each Receipt this Period
500.00

C. Dr. Loring J. Stead
Full Name (Last, First, Middle Initial)

Mailing Address 2727 Salem Rd. S.W.

City Rochester State MN Zip Code 55902-1306

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

Name of Employer Olmsted Medical Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777140

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

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

A. Dr. Bruce Gary Blank
Full Name (Last, First, Middle Initial)

Mailing Address 63728 Patch St.

City Stewartsville State OH Zip Code 43933

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

Name of Employer Achilles Foot & Ankle Surgery Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777144

Amount of Each Receipt this Period
500.00

B. Dr. Patrick A. DeHeer
Full Name (Last, First, Middle Initial)

Mailing Address 3933 E. 191st St.

City Westfield State IN Zip Code 46062-9238

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

Name of Employer Hoosier Foot & Ankle Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777146

Amount of Each Receipt this Period
500.00

C. Dr. Lawrence E. Burns
Full Name (Last, First, Middle Initial)

Mailing Address 1208 Wexford Downs Ln.

City Nashville State TN Zip Code 37211-6999

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 / 2013
Transaction ID : 20777148

Amount of Each Receipt this Period
50.00

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 18 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. Donald R. Blum
Full Name (Last, First, Middle Initial)

Mailing Address 6416 Wickerwood Dr.

City Dallas State TX Zip Code 75248-2901

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777149

Amount of Each Receipt this Period
 300.00

B. Dr. Chester A. Nava Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1130 Gilliland Rd.

City Louisville State KY Zip Code 40245-4034

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777150

Amount of Each Receipt this Period
 300.00

C. Dr. Steven P. Brancheau
Full Name (Last, First, Middle Initial)

Mailing Address 1871 Hwy. 69 S.

City Greenville State TX Zip Code 75402-9029

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

Name of Employer N. TX Family Foot Care 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 / 17 / 2013
Transaction ID : 20777151

Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 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. Bich-Thuy Thi Vo
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 E. Breckinridge St.
 City Louisville State KY Zip Code 40203-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KY Foot & Ankle 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 / 17 / 2013
Transaction ID : 20777152
 Amount of Each Receipt this Period
 300.00

B. Dr. Nicholas J. Tanner
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 E. 13th Ave.
 City Spokane State WA Zip Code 99202-1115
 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
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777154
 Amount of Each Receipt this Period
 300.00

C. Dr. Marc A. Borovoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 6827 Minnow Pond Dr.
 City West Bloomfield State MI Zip Code 48322-2664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Podiatrists 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 / 17 / 2013
Transaction ID : 20777156
 Amount of Each Receipt this Period
 500.00

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

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

A. Dr. Barry M. Schulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7930 Diamondhead Dr.
 City Ooltewah State TN Zip Code 37363-9783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer My Foot Doctor 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 / 17 / 2013
Transaction ID : 20777157
 Amount of Each Receipt this Period
 500.00

B. Dr. Alan L. Bass
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Bloomfield Rd.
 City Manalapan State NJ Zip Code 07726-7907
 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 / 2013
Transaction ID : 20777158
 Amount of Each Receipt this Period
 300.00

c. Dr. Alyssa Kay Stephenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3665 Merlin Ct.
 City Sturtevant State WI Zip Code 53177-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Clinics of WI 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 / 17 / 2013
Transaction ID : 20777162
 Amount of Each Receipt this Period
 500.00

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 22 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. Barry E. Wesselowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2901 Majestic Dr.
 City Independence State KS Zip Code 67301-1519
 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 / 17 / 2013
Transaction ID : 20777171
 Amount of Each Receipt this Period
 500.00

B. Dr. Ada V. Paolucci
 Full Name (Last, First, Middle Initial)
 Mailing Address Essington Podiatry Group
 1960 Essington Rd. #103
 City Joliet State IL Zip Code 60435-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Essington Podiatry Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777172
 Amount of Each Receipt this Period
 500.00

C. Dr. Scott L. Shindler
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 James Pl.
 City Yankton State SD Zip Code 57078-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shindler Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777173
 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 23 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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
03 / 17 / 2013
Transaction ID : 20777174

Amount of Each Receipt this Period
500.00

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

Mailing Address 1202 Peaked Mountain Rd.

City Townshend State VT Zip Code 05353

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777175

Amount of Each Receipt this Period
300.00

c. Dr. Christopher S. Grandfield
Full Name (Last, First, Middle Initial)

Mailing Address 112 Hillcrest Rd.

City Portage State IN Zip Code 46368-1073

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 / 17 / 2013
Transaction ID : 20777176

Amount of Each Receipt this Period
500.00

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

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

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

Mailing Address 65 Hartman Rd.

City Newton Center State MA Zip Code 02459-3035

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777177

Amount of Each Receipt this Period
300.00

B. Dr. Christopher S. Seuferling
Full Name (Last, First, Middle Initial)

Mailing Address 730 N.W. 30th Ave.

City Camas State WA Zip Code 98607-8697

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

Name of Employer Mt. Tabor Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20777178

Amount of Each Receipt this Period
300.00

C. Dr. Paul R. Glaser
Full Name (Last, First, Middle Initial)

Mailing Address 8816 Shipwatch Dr.

City Wilmington State NC Zip Code 28412-3542

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 / 2013
Transaction ID : 20777179

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 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

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

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

City	State	Zip Code
Lansing	MI	48915-2552

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

Name of Employer	Occupation
Kindsvatter and Associates	Executive Director-AAPPM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	17	/	2013

Transaction ID : 20777181

Amount of Each Receipt this Period

300.00

B. Dr. Richard Alexander Dellinger
Full Name (Last, First, Middle Initial)

Mailing Address 3 Athena Ct.

City	State	Zip Code
Little Rock	AR	72227-5905

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 ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	17	/	2013

Transaction ID : 20777183

Amount of Each Receipt this Period

1000.00

C. Mr. Richard Bloch
Full Name (Last, First, Middle Initial)

Mailing Address 7 Pinewood Farm Court

City	State	Zip Code
Owings Mills	MD	21117-2338

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

Name of Employer	Occupation
Maryland Podiatric Medical Assn.	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
03	/	17	/	2013

Transaction ID : 20777184

Amount of Each Receipt this Period

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 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	<input type="checkbox"/> 17

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

A. Dr. William J. Schlorff
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 E. Central Ave.
 City Jersey Shore State PA Zip Code 17740-6979
 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 / 2013**
Transaction ID : 20777185
 Amount of Each Receipt this Period **300.00**

B. 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 / 17 / 2013**
Transaction ID : 20777186
 Amount of Each Receipt this Period **300.00**

C. 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 / 17 / 2013**
Transaction ID : 20777187
 Amount of Each Receipt this Period **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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	<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. Joseph P. Leonetti		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 20777188
Mailing Address 4045 E. Bell Rd. #121		Amount of Each Receipt this Period 300.00
City Phoenix	State AZ	Zip Code 85032-2238
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. Lawrence A. Santi		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 20777189
Mailing Address 31 Mayflower Ave.		Amount of Each Receipt this Period 500.00
City Williston Park	State NY	Zip Code 11596-1517
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <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. Alan J. Block		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2013 Transaction ID : 20777190
Mailing Address 1833 Lake Shore Dr.		Amount of Each Receipt this Period 300.00
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: <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).....▶	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 28 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Patricia A. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Terre Coupe St.
 City Buchanan State MI Zip Code 49107-1029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777191
 Amount of Each Receipt this Period
 300.00

B. Dr. Donald S. Feldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Birch Brook Rd.
 City Peekskill State NY Zip Code 10566
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777192
 Amount of Each Receipt this Period
 225.00

C. Dr. Robert A. Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Peck Rd.
 City Hilton State NY Zip Code 14468-9354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777193
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Kathleen M. Stone		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777194
Mailing Address 18807 N. 42nd Ave.		Amount of Each Receipt this Period 500.00
City Glendale	State AZ	Zip Code 85308-7527
FEC ID number of contributing federal political committee. C	Name of Employer Thunderbird Footcare	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. Kile W. Kinney		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777195
Mailing Address 3552 Carnoustie Dr.		Amount of Each Receipt this Period 300.00
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: <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. Mark E. Pinker		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777196
Mailing Address Pinker & Associates 47 Brookwood Ave.		Amount of Each Receipt this Period 300.00
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: <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).....▶	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: PAGE 30 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Edwin S. Hart III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2305 Easton Ave.
 City Bethlehem State PA Zip Code 18017-5009
 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 / 17 / 2013
Transaction ID : 20777197
 Amount of Each Receipt this Period
 300.00

B. Dr. Jodie Noll Sengstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 49450 Hudson Dr.
 City Canton State MI Zip Code 48188-1979
 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 / 17 / 2013
Transaction ID : 20777198
 Amount of Each Receipt this Period
 300.00

C. Dr. Douglas K. Birch
 Full Name (Last, First, Middle Initial)
 Mailing Address 296 Liliuokalani St.
 City Makawao State HI Zip Code 96768-8630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aloha Family Footcare, LLC 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 / 17 / 2013
Transaction ID : 20777200
 Amount of Each Receipt this Period
 500.00

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 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	<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. Ronald D. Jensen		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777201
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
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) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Roy R. DeFrancis		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777203
Mailing Address 66 Brantwood Rd.		Amount of Each Receipt this Period 300.00
City Snyder	State NY	Zip Code 14226-4303
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) C. Dr. Mark D. Dollard		Date of Receipt MM / DD / YYYY 03 / 17 / 2013 Transaction ID : 20777204
Mailing Address 12353 Green Horne St.		Amount of Each Receipt this Period 300.00
City Herndon	State VA	Zip Code 20171-2132
FEC ID number of contributing federal political committee. C	Name of Employer Loudoun Foot & Ankle Center	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 32 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. Donald G. Hovancsek
 Full Name (Last, First, Middle Initial)
 Mailing Address 7520 Sandy Point Rd. N.E.
 City Olympia State WA Zip Code 98516-9575
 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 / 17 / 2013
Transaction ID : 20777205
 Amount of Each Receipt this Period
 300.00

B. Dr. Lisa Cornelius
 Full Name (Last, First, Middle Initial)
 Mailing Address 4226 S.W. Agate Ave.
 City Corvallis State OR Zip Code 97333-1178
 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 ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2013
Transaction ID : 20777208
 Amount of Each Receipt this Period
 750.00

C. Dr. Kerry Jay Sweet
 Full Name (Last, First, Middle Initial)
 Mailing Address 4501 68th Ave. W.
 City University Place State WA Zip Code 98466-4919
 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 / 17 / 2013
Transaction ID : 20777209
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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. Deborah Ketterer
Full Name (Last, First, Middle Initial)

Mailing Address 28229 149th Ave. S.E.

City Kent State WA Zip Code 98042-4551

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 / 18 / 2013
Transaction ID : 20783301

Amount of Each Receipt this Period
300.00

B. Dr. William F. Hineser
Full Name (Last, First, Middle Initial)

Mailing Address 11780 W. 66th Pl. #A

City Arvada State CO Zip Code 80004-2472

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 / 18 / 2013
Transaction ID : 20783302

Amount of Each Receipt this Period
150.00

C. Dr. Howard M. Gale
Full Name (Last, First, Middle Initial)

Mailing Address 1904 Sweet Bay Cove

City Statesboro State GA Zip Code 30461-0598

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 / 18 / 2013
Transaction ID : 20783304

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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	

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

A. Dr. Garry W. Neltner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3117 Hudnall Ln.
 City Edgewood State KY Zip Code 41017-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Care Center 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 / 18 / 2013
Transaction ID : 20783305
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael Frank Kooyman
 Full Name (Last, First, Middle Initial)
 Mailing Address 429 Eternity St.
 City Las Vegas State NV Zip Code 89138-1566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Las Vegas Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : 20783306
 Amount of Each Receipt this Period
 350.00

C. Dr. Robert Paul Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 Blue Oak Dr.
 City Frisco State TX Zip Code 75033-7924
 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 / 18 / 2013
Transaction ID : 20783309
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 35 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. Lawrence B. Harkless
Full Name (Last, First, Middle Initial)
Mailing Address 3622 Emory Way
City Pomona State CA Zip Code 91767-1109
FEC ID number of contributing federal political committee. **C**
Name of Employer Western Univ. of Health Sciences Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 20783311
Amount of Each Receipt this Period 500.00

B. Dr. Stephen D. Palmer
Full Name (Last, First, Middle Initial)
Mailing Address Foot & Ankle Assoc., Mid-Atlantic, 6100 Day Long Ln. #102
City Clarksville State MD Zip Code 21029-1631
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Foot & Ankle Assoc. Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 20783315
Amount of Each Receipt this Period 300.00

C. 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 ▼ 300.00

Date of Receipt 03 / 18 / 2013
Transaction ID : 20783316
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 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	

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

A. Dr. Lindsay D. Barth
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 Hawthorne Blvd.
 City Saint Louis State MO Zip Code 63104-1606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tesson Ferry Foot & Ankle 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 / 18 / 2013
Transaction ID : 20783317
 Amount of Each Receipt this Period
 500.00

B. Mr. Christian H. Kindsvatter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 W. St. Joseph #200
 City Lansing State MI Zip Code 48915-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Poldiatric Medical Associatio Occupation Executive Director
 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 / 18 / 2013
Transaction ID : 20783319
 Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : 20783320
 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 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. Harold B. Glickman
Full Name (Last, First, Middle Initial)

Mailing Address 11321 Berger Ter.

City Potomac State MD Zip Code 20854-2017

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 / 18 / 2013
Transaction ID : 20783329

Amount of Each Receipt this Period
500.00

B. Dr. Todd A. Harrison
Full Name (Last, First, Middle Initial)

Mailing Address 18819 Fountain Ter.

City Hagerstown State MD Zip Code 21742-2670

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 / 18 / 2013
Transaction ID : 20783330

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
03 / 18 / 2013
Transaction ID : 20783331

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 38 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. Sylvia Virbulis
 Full Name (Last, First, Middle Initial)
 Mailing Address Piedmont Foot & Ankle Care
 316 S. Church St.
 City Salisbury State NC Zip Code 28144-4930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Foot & Ankle Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : 20783332
 Amount of Each Receipt this Period
 100.00

B. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2013
Transaction ID : 20783337
 Amount of Each Receipt this Period
 250.00

C. Dr. Jeffrey Frederick
 Full Name (Last, First, Middle Initial)
 Mailing Address 30005 Forest Dr.
 City Franklin State MI Zip Code 48025-1580
 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 / 19 / 2013
Transaction ID : 20783350
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. Rusty Lee Cain
Full Name (Last, First, Middle Initial)

Mailing Address 824 8th St.

City Fairmont State WV Zip Code 26554-2561

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

Name of Employer Doctors Foot Center 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 / 19 / 2013
Transaction ID : 20787369

Amount of Each Receipt this Period
500.00

B. Dr. Robert J. Warkala
Full Name (Last, First, Middle Initial)

Mailing Address 59 Harrowgate Dr.

City Cherry Hill State NJ Zip Code 08003-1938

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 21 / 2013
Transaction ID : 20790030

Amount of Each Receipt this Period
100.00

C. Dr. Carolyn E. McAloon
Full Name (Last, First, Middle Initial)

Mailing Address 700 Pradera Way

City San Ramon State CA Zip Code 94583-5365

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

Name of Employer Bay Area Foot Care 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 / 21 / 2013
Transaction ID : 20791544

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 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	

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

A. Dr. William Tarran
 Full Name (Last, First, Middle Initial)
 Mailing Address 1216 Seville Dr.
 City State Zip Code
 Pacifica CA 94044-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : 20791547
 Amount of Each Receipt this Period
 300.00

B. Dr. Kenneth R. Meisler
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 W. End Ave. #8B
 City State Zip Code
 New York NY 10024-4933
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : 20791557
 Amount of Each Receipt this Period
 150.00

C. Dr. Lee E. Firestone
 Full Name (Last, First, Middle Initial)
 Mailing Address DC Foot & Ankle
 2021 K St. N.W. #520
 City State Zip Code
 Washington DC 20006-1003
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2013
Transaction ID : 20791576
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. Mack Jay Groves IV
Full Name (Last, First, Middle Initial)

Mailing Address 802 W. 10th Ave. #2

City Covington State LA Zip Code 70433-2314

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 / 25 / 2013
Transaction ID : 20792203

Amount of Each Receipt this Period
500.00

B. Dr. Andrew C. Schink
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Cameo Dr.

City Eugene State OR Zip Code 97405-5897

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 ▼ 510.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20792214

Amount of Each Receipt this Period
10.00

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

Mailing Address 86274 Alamihi St.

City Waianae State HI Zip Code 96792-2911

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 17 / 2013
Transaction ID : 20792228

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.00

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. Jonathan Bryan Purdy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Shelby
 City New Iberia State LA Zip Code 70560-8238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Specialists of Acadiana 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 / 25 / 2013
Transaction ID : 20792334
 Amount of Each Receipt this Period
 250.00

B. Dr. Suha F. Kassab
 Full Name (Last, First, Middle Initial)
 Mailing Address 1820 Huntingwood Ln.
 City Bloomfield Hills State MI Zip Code 48304-2312
 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 / 25 / 2013
Transaction ID : 20792337
 Amount of Each Receipt this Period
 300.00

C. Dr. Robert G. Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 Windbreak Trl.
 City Houston State TX Zip Code 77079-4225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : 20792346
 Amount of Each Receipt this Period
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 46 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. Full Name (Last, First, Middle Initial)
Dr. Sharon Miller Root

Mailing Address 26 Hilltop Rd.

City Mendham State NJ Zip Code 07945-1236

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 ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2013

Transaction ID : 20848563

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$150.00

B. 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

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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	56223.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 50
<input 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 checked="" 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. Citizens For Harkin		Date of Receipt
Mailing Address P O Box 811		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Des Moines	IA	50304
FEC ID number of contributing federal political committee.		Transaction ID : 20792451
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00166827"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="1000.00"/>
Occupation		
Receipt For: 2014	Aggregate Year-to-Date ▼	Retiring
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text"/>
Name of Employer		
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text"/>
Name of Employer		
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1000.00"/>

**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. Boehner for Speaker

Mailing Address Attn: Caitlin Wohlfarth
631-B Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2013

Transaction ID : 20776000

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Candidate Name

Rep. Frank Pallone Jr.

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2013

Transaction ID : 20776006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address 512 Missouri Ave

City Cincinnati State OH Zip Code 45226

Purpose of Disbursement

011

Candidate Name

Mr. Brad Wenstrup

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : 20799209

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

