Image# 14950061719			_		PAGE 1 / 27
	EPORT OF F ND DISBURS Other Than An Author	SEMENT	S	ſ	Diffice Use Only
1. NAME OF TYP COMMITTEE (in full)	e or print V	Example: If typir over the lines.	ng, type	12FE4M5	
American Podiatric Medic	al Association Polit	ical Action Co	mmittee		
ADDRESS (number and street)	312 Old Georgetown Road				
Check if different					
than previously E reported. (ACC)	Bethesda			MD	20814-1698
2. FEC IDENTIFICATION NUMB	ER V CITY	<b>A</b>	S		ZIP CODE
C C00008839	3. IS RE		NEW N) <b>OR</b>	× AMEN (A)	NDED
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> </ul>	b) Monthly Report Due On: Apr 20	0 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 Sep 20 Oct 20	(M9) Dec 20 (M12) (Non-Election (Non-Election Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	<ul> <li>(c) 12-Day</li> <li>PRE-Election</li> <li>Report for the:</li> </ul>	Convention (		General (12 Special (12	
January 31 Year-End Report (YE)	Election	on /	D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (300	à)	Runoff (30R	3) Special (30S)
Termination Report (TER)	Election	on /	D D /	Y Y Y Y Y Y	in the State of
5. Covering Period 06	01 / Y Y Y Y 01 2014	through	M M 06	/ D D / 30	2014
I certify that I have examined this R	eport and to the best of m	y knowledge and b	pelief it is true	e, correct and c	complete.
Type or Print Name of Treasurer	or. Randy K. Kaplan				
Signature of Treasurer	K. Kaplan	[Electronically	<i>Filed]</i> Da	ate 08	/ D D / Y Y Y Y 20 / 2014
NOTE: Submission of false, erroneous	, or incomplete information	may subject the pers	son signing thi	s Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

#### 08/20/2014 13 : 32

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

### American Podiatric Medical Association Political Action Committee

R	eport Covering the Period: From: 06	M / D D / Y Y Y Y 01 2014 To	: 06 / D D / Y Y Y Y 30 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		494355.15
	(b) Cash on Hand at Beginning of Reporting Period	640266.65	
	(c) Total Receipts (from Line 19)	28932.50	308944.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	669199.15	803299.15
7.	Total Disbursements (from Line 31)	32000.00	166100.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	637199.15	637199.15
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

X

		TAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
	Vrite or Type Committee Name		
F	American Podiatric Medical Associati	on Political Action Committee	
R	Report Covering the Period: From: 06	/         D         /         Y	06 / D / Y Y Y Y 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	13086.00	207654.00
	(ii) Unitemized	15846.50	101290.00
	(iii) TOTAL (add		000044.00
	Lines 11(a)(i) and (ii)▶	28932.50	308944.00
	(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	28932.50	308944.00
12.	Totals to Line 33, page 5)	7 7	7 7
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
		0.00	
	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		
17	Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds	7 7 7	
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	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
			7 7
19	Total Receipts (add Lines 11(d),		
19.	12, 13, 14, 15, 16, 17, and 18(c))►	28932.50	308944.00
		7 7 7	
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	28932.50	308944.00

FE6AN026

Image# 14950061721

I

### DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures: –	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.0
(i) Federal Share		
(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	0.0
Transfers to Affiliated/Other Party	0.00	0.0
Committees Contributions to	0.00	
Federal Candidates/Committees and Other Political Committees	32000.00	166100.00
Independent Expenditures		
(use Schedule E)	0.00	0.0
Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
- I I I I I I I I I I I I I I I I I I I		
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
man i onical committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
-		
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c)) ►		0.00
Other Disbursements	0.00	0.00
Other Disbursements	0.00	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
Ē		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.0
(c) Total Federal Election Activity (add	7 7 7	
(c) Iotal Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	7 7	7 7 7
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	32000.00	166100.0
L	7 7	7 7
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	32000.00	166100.00

FE6AN026

I

### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	28932.50	308944.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28932.50	308944.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using t	Statements may not be sold or used by any p he name and address of any political committee	
American Podiatric Medical As	ssociation Political Action Commi	ttee
Full Name (Last, First, Middle Initial) A. Dr. Scott Altman Mailing Address 185 E 85th St Apt 23H City New York FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State       Zip Code         NY       10028-2149         C       Occupation         Podiatric Physician         Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Joseph W. Cavuoto	250.00	Date of Receipt
Mailing Address 1 Debbie Ct City Dix Hills FEC ID number of contributing	State Zip Code NY 11746-5601	M       M       /       D       P
federal political committee.          Name of Employer         Self-Employed         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)         Dr. Les J. Glubo         Mailing Address 900 Palisade Ave         Apt 6G         City         Fort Lee         FEC ID number of contributing federal political committee.         Name of Employer         Self-Employed         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NJ     07024-4137       C       Occupation       Podiatric Physician       Aggregate Year-to-Date ▼       250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1500.00

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
11			for each category of the Detailed Summary Page	X 11a	. [	11b	11c	12	·
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements mane and a	l ay not be sold or used by any p ddress of any political committee	erson for the to solicit of	ie pu contri	14 Irpose ( ibutions	of solicitin from suc	g contribut ch committ	tions ee.
$\left\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation	Political Action Commi	ttee					
A.	Full Name (Last, First, Middle Initial) Dr. Emilio A. Goez			Date	of R	leceipt			
	Mailing Address 294 W Merrick Rd Ste 8			Of		/ 0		2014	Y
	City Freeport	State NY	Zip Code 11520-3357			tion ID	: AABA1	B2D5DBE his Period	646CD8[
	FEC ID number of contributing federal political committee.	С			_	9		500	.00
	Name of Employer Self-Employed	Occupation Podiatric Pt							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00						
B.	Full Name (Last, First, Middle Initial) Dr. Matthew Kassnove			Date	of R	leceipt			
	Mailing Address 28 Deepdale Dr			M Of		/ D   0		2014	Y
	City Commack	State NY	Zip Code 11725-5506					<b>DOCE9FO</b>	4163823
	FEC ID number of contributing federal political committee.	С			_	<b>a</b>		250.	.00
	Name of Employer Self-Employed	Occupation Podiatric Ph							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]					
С.	Full Name (Last, First, Middle Initial) Dr. Daniel B. Keating			Date	of R	leceipt			
	Mailing Address 165 Burroughs Dr			06		/ D 0	_	2014	Y
	City Buffalo	State NY	Zip Code 14226-3968					C438D621 his Period	4BC2A6/
	FEC ID number of contributing federal political committee.	С				7		250	.00
	Name of Employer	Occupation	l						
	Self-Employed	Podiatric Pl	hysician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	1					
s	UBTOTAL of Receipts This Page (optional)				-	7	7	1000.	00
Т	OTAL This Period (last page this line numbe	r only)			_				

Use separate schedule(s) for each category of the

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PAGE 8 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation I	Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Dr. Laurence D. Landau			Date of Receipt
Mailing Address PO Box 416			06 01 _ 2014
City Bethpage	State NY	Zip Code 11714-0416	Transaction ID : AA1D09A0A4B9C47CAB0 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Podiatric Pr		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Dr. Bruce J. McLaughlin			Date of Receipt
Mailing Address 1111 Montauk Hwy			06 01 2014
City West Islip	State NY	Zip Code 11795-4910	Transaction ID : AF8A084E607A540718E7           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Podiatric Ph		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dr. Raymond J. Mollica			Date of Receipt
Mailing Address 8223 14th Ave			06 01 _2014 _
City Brooklyn	State NY	Zip Code 11228-3113	Transaction ID : A3F1DCE3BC1A94F1A8C           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		
Self-Employed	Podiatric Pl	nysician	
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line numbe	r only)		

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PAGE

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27

			Detailed Summary Page		11a	$\square$	-	1b	11c	12	
An	ny information copied from such Reports and Sta	atements mo	v not be sold or used by any m	arson fo	13 or the i		14 14		15 solicitin	16 10 contribu	utions
	for commercial purposes, other than using the										
$\overline{)}$	NAME OF COMMITTEE (In Full)					_	_				
$\geq$	American Podiatric Medical Asso	ociation I	Political Action Commi	ttee							
Α.	Full Name (Last, First, Middle Initial) Dr. Charles M. Morelli				Date of	Re	cei	ipt			
	Mailing Address 130 Beach Ave				м м 06		L	0 D D 01	L	y y y 2014	
	City Mamaropeck	State NY	Zip Code 10543-2701								
	Mamaroneck			A	Amount	of	Ea	ach R€	eceipt t	this Period	a
	FEC ID number of contributing federal political committee.	С			_						0.00
	Name of Employer	Occupation									
	Self-Employed	Podiatric Ph									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		300.00	1							
В.	Full Name (Last, First, Middle Initial) Dr. Douglas A. O'Heir				Date of	Re	cei	ipt			
-	Mailing Address 5 Newland Ave			_	06		_	01		2014	Y
	City	State	Zip Code		Transa			n ID : A		048E0D3E	
-	Waterville	ME	04901-5332	A	\mount	of	Ea	ìch R€	eceipt t	this Period	b
	FEC ID number of contributing federal political committee.	С			_	_	,	_	- 7		1.00
	Name of Employer	Occupation		$\neg$							
	Self-Employed	Podiatric Phy	ysician								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		301.00	1							
C.	Full Name (Last, First, Middle Initial) Dr. Todd Rotwein				Date of	Re	cei	ipt			
	Mailing Address 335 Golf Dr				м м	/	ſ	0 D		2014	Y
	City	State	Zip Code							74893AB	
	Oceanside	NY	11572-5614	A	\mount	of	Ea	ach R€	eceipt t	this Period	d
	FEC ID number of contributing federal political committee.	С			_		7	_	- 7	25	0.00
	Name of Employer	Occupation		$\neg$							
	Self-Employed	Podiatric Ph	iysician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00	1							
_			1		-	-	-		-		
s	UBTOTAL of Receipts This Page (optional)		••••••	, [	-			-		45 <sup>,</sup>	1.00
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T	<b>OTAL</b> This Period (last page this line number o	vniy)	••••••	► L	_	-		_		- <b>1</b> -1-1-1	

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IТ			Use separate schedule(s)			(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b	11c 15	12	17		
	ny information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	g contribu	utions		
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation I	Political Action Commit	tee								
Α.	Full Name (Last, First, Middle Initial) Dr. Gino Scartozzi				Date of	Re	ceipt					
	Mailing Address 2 Aberdeen Rd				м м 06	1	01	/ Y	2014	Y		
	City New Hyde Park	State NY	Zip Code 11040-2102		Trans		ion ID :			<b>64DB8A4</b> 2 d		
	FEC ID number of contributing federal political committee.	С					7		25	0.00		
	Name of Employer New Hyde Park Podiatry	Occupation Podiatric Ph										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
	Full Name (Last, First, Middle Initial) Dr. Martin J. Faasse				Date of	Re	ceipt					
	Mailing Address 4336 Choctaw Dr SW	Zip Code		м м 06	/	03	/ Y	2014	Y			
<u>(</u> F	City Grandville	State MI						A32DF08 nis Period	<b>3445B9AD</b>			
	FEC ID number of contributing federal political committee.	С		300				0.00				
	Name of Employer Fairlanes Medical Center	Occupation Podiatric Ph										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
<u></u> с.	Full Name (Last, First, Middle Initial) Dr. Michele Nicole Kurlanski				Date of	Re	ceipt					
	Mailing Address 31 Woodside Dr				м м 06	/	04	/ Y	y y 2014	Y		
	City Cumberland Center	State ME	Zip Code 04021-4019						55CB88A	<b>9462A9EA</b>		
	FEC ID number of contributing federal political committee.	С					3		15	0.00		
	Name of Employer	Occupation										
	Self-Employed Receipt For:	Podiatric Ph		_								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
s	UBTOTAL of Receipts This Page (optional)		••••••	•			7		700	0.00		
Т	OTAL This Period (last page this line number o	only)	••••••	- •			,					

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		Detailed Summary Page	X	11a		11b	11	с	12	_		
		, , ,		13		14	15		16	17		
Any information copied from such Reports a or for commercial purposes, other than usin												
NAME OF COMMITTEE (In Full)	A											
American Podiatric Medical	Association	Political Action Commi	ttee									
Full Name (Last, First, Middle Initial) A. Dr. William H. Dabdoub				ate of	Re	ceipt						
Mailing Address 100 Ayshire Ct				м м 06	/	06		Y	ү ү 2014	Y		
City	State	Zip Code		Trans	acti	ion ID :	: AEF	BOBC	E0EC3D	495185		
Slidell	LA	70461-5034	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С					,		,	150.	00		
Name of Employer	Occupation											
Self-Employed Receipt For:	Podiatric P	•	_									
Primary General	Aggregate	Year-to-Date ▼										
Other (specify)		1450.00	4									
Full Name (Last, First, Middle Initial) B. Dr. Alan R. Catanzariti	I			Date of	Re	ceipt						
Mailing Address 1189 Lakemont Dr	J Address 1189 Lakemont Dr							Y	y y y 2014	Y		
City	State	Zip Code		06 Trans	acti	10 on ID :			C3C3C54	9D49A8		
Pittsburgh	PA	15243-1856							Period			
FEC ID number of contributing federal political committee.	ů l							,	250.0	00		
Name of Employer Self-Employed	Occupation Podiatric Pl											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]									
Full Name (Last, First, Middle Initial) C. Dr. Tyson E. Green				Date of	Re	ceipt						
Mailing Address 4213 Maid Stone Dr				м м 06	/	10		Y	2014	Y		
City	State	Zip Code		Trans	acti	ion ID	: AFE	345B	FFD8CB	4257A6		
Lake Charles	LA	70605-4033	A	mount	t of	Each F	Receip	ot this	Period			
FEC ID number of contributing federal political committee.	C					7		,	500.	00		
Name of Employer	Occupation	1	_									
Self-Employed	Podiatric P	hysician										
Receipt For:	I	Year-to-Date ▼										
Primary General			11									
Other (specify)		900.00	4									
SUBTOTAL of Receipts This Page (optiona	al)					7		,	900.0	00		
TOTAL This Period (last page this line nur	nber only)							,				

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	47				
Any information copied from such Reports or for commercial purposes, other than usin											
NAME OF COMMITTEE (In Full) American Podiatric Medical	Association	Political Action Commi	ttee								
Full Name (Last, First, Middle Initial) A. Dr. Louis M. Sempek			Date o	of Receipt							
Mailing Address 24701 Jones Cir					D / Y 0	2014	Y				
City Waterloo	State NE	Zip Code 68069-2052	Trans	saction ID	: ADEA8E Receipt th	EC1581954	187480F				
FEC ID number of contributing federal political committee.	С					200.	00				
Name of Employer Self-Employed	Occupation Podiatric Pl										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1								
Full Name (Last, First, Middle Initial) B. Dr. Karla L. Stipati				of Receipt							
Mailing Address 6N446 Brierwood Dr			06		D / Y 0	2014	Y				
City Saint Charles	State IL	Zip Code 60175-8322	Transaction ID : AFF36CD964E30488BA21 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С					125.0	00				
Name of Employer Self-Employed	Occupation Podiatric Pl		_								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00	]								
Full Name (Last, First, Middle Initial) C. Dr. Shelley Lynn Hogue			Date o	of Receipt							
Mailing Address 12455 E 100th St N Ste 290			м – м 06		D / Y 2	2014	Y				
City Owasso	State OK	Zip Code 74055-4675			<b>) : AE2F44</b> Receipt th		17848BA				
FEC ID number of contributing federal political committee.	С		Γ.			300.	00				
Name of Employer	Occupation	l									
Self-Employed Receipt For:	Podiatric P										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1								
SUBTOTAL of Receipts This Page (option	al)			7		625.0	00				
TOTAL This Period (last page this line nu	mber only)										

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation Political Action Comm	nittee					
Α.	Full Name (Last, First, Middle Initial) Dr. Mark Andrew Lambert Mailing Address 2210 Fleance Dr	Date of Receipt						
	City Pensacola	State Zip Code FL 32503-5827	06 17 2014 Transaction ID : A1BF9A6B8231C4735ACA					
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period					
	Name of Employer Pensacola Foot & Ankle Center Receipt For:	Occupation Podiatric Physician Aggregate Year-to-Date ▼						
	Primary General Other (specify)							
в.	Full Name (Last, First, Middle Initial) Dr. Joseph William Bonura Mailing Address 624 Donald Ross Way	Date of Receipt						
	City Saint Augustine	State Zip Code FL 32092-0793	06 18 2014 Transaction ID : ABC9B096327114A8BACB Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	300.00					
	Name of Employer Self-Employed	Occupation Podiatric Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00						
с.	Full Name (Last, First, Middle Initial) Dr. Paul Davis Brooks		Date of Receipt					
	Mailing Address 56 Blithewood Dr		06 18 2014					
	City Pensacola	State Zip Code FL 32514-8193	Transaction ID : A61611428C50241C5AB8 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С	300.00					
	Name of Employer	ne of Employer Occupation						
	Self-Employed Receipt For:	Podiatric Physician						
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00						
s	UBTOTAL of Receipts This Page (optional)		▶ 700.00					
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Use separate schedule(s) for each category of the

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11	IEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
	for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) American Podiatric Medical As	sociation	Political Action Commit	tee						
Α.	Full Name (Last, First, Middle Initial) Dr. Roberta Giudice-Teller			Date of Receipt						
	Mailing Address 2244 NW 9th PI			06 18 2014						
	City Gainesville	State FL	Zip Code 32605-5202	Transaction ID : AD80565BC0E64408AAD           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer Self-Employed	Occupation Podiatric P		_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00							
в.	Full Name (Last, First, Middle Initial) Dr. Alan Hartstein	Date of Receipt								
	Mailing Address 7447 Brunswick Cir	06 18 2014								
	City Boynton Beach	State FL	Zip Code 33472-2546	Transaction ID : A2BD40A9C2DD946DB90 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer Self-Employed	Occupation Podiatric P								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Thomas S. Matysik			Date of Receipt						
	Mailing Address 2246 Highway 44 W			06 18 2014						
	City Inverness	State FL	Zip Code 34453-3808	Transaction ID : AA976C196E9AE4D68852 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer	Occupation	1							
	Self-Employed									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General Other (specify) ▼		500.00							
s	UBTOTAL of Receipts This Page (optional)		••••••	. 1100.00						
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T	EMIZED RECEIPTS		Use separate schedule(s)	(ch	(check only one)							
			for each category of the Detailed Summary Page		< 11a 13	$\square$	11b 14	11c 15	12	17		
	y information copied from such Reports and S for commercial purposes, other than using the				for the		ose of	soliciting	g contribu	utions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation	Political Action Commit	tee								
A.	Full Name (Last, First, Middle Initial) Dr. Loren J. Miller Mailing Address 4167 5th Ave N City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer	State FL C	Zip Code 33713-6303			/ actie	18 on ID :	ADDC4	nis Perioo	B41C7856		
	Self-Employed Receipt For: Primary General Other (specify) ▼	Podiatric Pl										
в.	Full Name (Last, First, Middle Initial) Dr. Melvin Bernard Price Mailing Address 4206 30th Ln E City Production	State	Zip Code			/ actio	18 0n ID : /	A154564		4BF8A64		
	Bradenton FEC ID number of contributing federal political committee. Name of Employer Riverview Foot & Ankle Specialists	Occupation			Amount	of	Each R	eceipt th	nis Perioc 300	).00		
	Receipt For: Primary General Other (specify) ▼	Podiatric Pr Aggregate	Year-to-Date ▼ 300.00									
с.	Full Name (Last, First, Middle Initial) Dr. Michael N. Price				Date of	Red	ceipt					
	Mailing Address       FL Foot & Ankle Physicians         643 Cape Coral Pkwy. E. #D         City         Cape Coral         FEC ID number of contributing         federal political committee.         Name of Employer         FL Foot & Ankle Physicians         Receipt For:         Primary       General         Other (specify) ▼	State FL Occupation Podiatric Pl Aggregate				acti		A3EBAI	nis Perioo	C4D61A9/		
s	UBTOTAL of Receipts This Page (optional)		•	-			,	.,	900	0.00		
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#### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

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		Use separate schedule(s)	(check only one)	(check only one)							
ITEMIZED RECEIPT	3	for each category of the Detailed Summary Page		1b 11c	12						
Any information copied from or for commercial purposes,	such Reports and Statements m other than using the name and a	ay not be sold or used by any p address of any political committe	erson for the purpos e to solicit contributi	se of soliciting	16 contribution committe	0ns ee.					
American Podiatri	c Medical Association	Political Action Commi	ttee								
Full Name (Last, First, Mic A. Dr. Gary S. Wallach	ddle Initial)		Date of Rece	ipt							
Mailing Address Coral Rid	ge Podiatry Pakland Park Blvd.		06 18 2014								
City Fort Lauderdale	State FL	Zip Code 33306-1641	Transaction	n ID : A803349	F580F64B	C9BE0					
FEC ID number of contribu			Amount of Ea	ach Receipt thi		_					
federal political committee.	ů, se				150.0	00					
Name of Employer	Occupation										
Self-Employed Receipt For:	Podiatric P										
	eneral	Year-to-Date ▼	_								
Other (specify) ▼		450.00	1								
Full Name (Last, First, Mic B. Dr. Andre M. William			Date of Rece	ipt							
Mailing Address 137 Millpo					2014	Y					
City	State	Zip Code	- London L	ID : AF5DB3		F7BABA					
Port Charlotte	FL	33948-7754	Amount of Ea	ach Receipt thi	is Period						
FEC ID number of contribution federal political committee.	ů, se			5	300.0	00					
Name of Employer Foot & Ankle Centers of Ch	Occupation										
Receipt For:		e Year-to-Date ▼									
Primary Ge	eneral		1								
Other (specify)		300.00									
Full Name (Last, First, Mic c. Dr. Steve R. Feller	ddle Initial)		Date of Rece	ipt							
Mailing Address 7507 Cus	ster Rd W		M M / / 06	D D / Y 19	2014	Y					
City	State	Zip Code	Transaction	n ID : A61757E		IE2BBF					
Tacoma	WA	98499-8138	Amount of Ea	ach Receipt thi	is Period						
FEC ID number of contribution federal political committee.	ů, se				50.0	00					
Name of Employer	Occupation	n									
Self-Employed	Podiatric F	Physician									
Receipt For:	Aggregate	e Year-to-Date ▼									
Other (specify)		300.00	]								
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
American Podiatric Medical	Association I	Political Action Commi	ttee							
Full Name (Last, First, Middle Initial) A. Dr. Tyson E. Green Mailing Address 4213 Maid Stone Dr City Lake Charles FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State LA C Occupation Podiatric Pt Aggregate		Date of Receipt							
Primary General Other (specify) ▼	Primary General Other (specify) ▼ 1000.00									
Full Name (Last, First, Middle Initial) B. Dr. Gary S. Saphire Mailing Address 248 Avenue P	Date of Receipt									
City Brooklyn FEC ID number of contributing federal political committee.	State NY C	Zip Code 11204-4934	Transaction ID : AB0C4C9EDB5FD496CAA           Amount of Each Receipt this Period           85.00							
Name of Employer Self-Employed Receipt For: Primary General Other (specify) v	Occupation Podiatric Ph Aggregate		]							
Full Name (Last, First, Middle Initial) Dr. Jill Robin Berlin Mailing Address 26912 Carranza Dr City Mission Viejo FEC ID number of contributing federal political committee.	State CA C	Zip Code 92691-5002	Date of Receipt 06 23 2014 Transaction ID : A3833B152830A4B25828 Amount of Each Receipt this Period 250.00							
Name of Employer Self-Employed Receipt For: Primary General Other (specify) v	Occupation Podiatric Pł Aggregate		]							
SUBTOTAL of Receipts This Page (optiona	al)		435.00							
TOTAL This Period (last page this line num	nber only)									

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PAGE 18 OF

		Detailed Summary Page		11a		11b	11c	12					
Any information copied from such Reports	and Statements ma	ay not be sold or used by any n	erson f	13 or the	puri	14 pose of	15 solicitin	16 g contribu	17 tions				
or for commercial purposes, other than us													
NAME OF COMMITTEE (In Full)													
American Podiatric Medica	Association	Political Action Commi	ttee										
Full Name (Last, First, Middle Initial) <b>Dr. Carla Isabel Docharty</b>			Date of Receipt										
Mailing Address 3800 J St			M = M / D = D / Y = Y = Y = Y										
Ste 200 City	State	Zip Code	44	06		23		2014					
Sacramento	CA	95816-5551	A					20B16004 his Period					
FEC ID number of contributing federal political committee.	C					7		300					
Name of Employer	Occupation	1	$\neg$										
Self-Employed	Podiatric Pl	nysician											
Receipt For:	Aggregate feat-to-Date V												
Primary General Other (specify) ▼	]												
Full Name (Last, First, Middle Initial) B. Dr. Gary R. Dorfman		Date of	Re	eceipt									
Mailing Address 3005 Haddon Dr		м м	/	23	) / Y	2014	Y						
City									48CAA5				
Las Vegas	NV	89134-8982	A	Mount	t of	Each F	Receipt t	his Period					
FEC ID number of contributing federal political committee.	C					7	7	300	.00				
Name of Employer Self-Employed	Occupation Podiatric Pt												
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		300.00	]										
Full Name (Last, First, Middle Initial) C. Dr. Robert E. Marra				Date of	Re	eceipt							
Mailing Address 90 Crystal Springs Dr				м м	1	23		2014	Y				
City Tolland	State CT	Zip Code 06084-2029						B3A7F9B1					
		00004-2029	A	Amount	t of	Each F	leceipt t	his Period					
FEC ID number of contributing federal political committee.	C					,	7	125	5.00				
Name of Employer	Occupation												
Self-Employed	Podiatric P	nysician											
	Aggregate	Year-to-Date ▼											
Other (specify)	Primary General Other (specify) - 500.00												
			41.										
SUBTOTAL of Receipts This Page (optio	nal)					7	7	725	.00				
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Asso			
Α.	Full Name (Last, First, Middle Initial) Dr. Jack Morgan Mailing Address 360 N Highland Ave			Date of Receipt
	City Los Angeles	State CA	Zip Code 90036-2630	06 23 2014 Transaction ID : AC848386B07FE41BAA4D Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer         Self-Employed         Receipt For:         Primary       General         Other (specify) ▼	Occupation Podiatric Pl Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Felix Sigal Mailing Address 19717 Falcon Crest Way			Date of Receipt
	City Northridge FEC ID number of contributing	State CA	Zip Code 91326-4020	Transaction ID : AF906B470FDE14B59A5E           Amount of Each Receipt this Period
	federal political committee. Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify) ▼	Podiatric Pl Aggregate	Year-to-Date ▼ 250.00	
c.	Full Name (Last, First, Middle Initial) Dr. Gregory W. Bryan			Date of Receipt
	Mailing Address Ark LA Tex Foot Specialists, LI 385 Bert Kouns #200			06 24 2014
	City Shreveport	State LA	Zip Code 71106	Transaction ID : AB98573796A33413FAED           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	1	
	Ark LA TexFoot Specialists, LLC	Podiatric P	hysician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	650.00
т	OTAL This Period (last page this line number o	only)	••••••	

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category Detailed Summary			1a 3	11b	11c	12 16	17				
	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	ociation	Political Action	Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Dr. Phillip Wayne Holloway				Date of Receipt									
	Mailing Address 2814 Berry St					06		24	2014	Y				
	City Paris	State IL	Zip Code 61944-6832		Transaction ID : A410299B58137494B94C Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		5	0.00				
	Name of Employer Self Employed	Occupation Podiatric Pl												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	250.00	_									
в.	Full Name (Last, First, Middle Initial) Dr. Elliot N. Michael	Date of Receipt												
	Mailing Address 13236 NW McNamee Rd													
	City Portland	State OR	Zip Code 97231-2130					D: AA48F0 Receipt t						
	FEC ID number of contributing federal political committee.	С			250.00									
	Name of Employer Hillsboro Foot Clinic	hysician												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	250.00										
С.	Full Name (Last, First, Middle Initial) Dr. Jason W. Rockwood				Da	ite of	Receipt							
	Mailing Address 3 Autumn Light Pl				M	06		24	2014	Y				
	City Santa Fe	State NM	Zip Code 87508-1334					D : AE5F8: Receipt t						
	FEC ID number of contributing federal political committee.	С					7		5	0.00				
	Name of Employer	Occupation	1		-									
	Glacier Foot & Ankle Associates	Podiatric P	hysician											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00										
$\vdash$	UBTOTAL of Receipts This Page (optional)						-7	7	350	0.00				

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political Action Committe	ee
Bossint For:	53217-5126	Date of Receipt
Poppint For:	78746-5254	Date of Receipt 06 26 2014 Transaction ID : AF67ACEBBD8474F399D6 Amount of Each Receipt this Period 100.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	egate Year-to-Date ▼ 500.00	
Boogint For:	02186-3621	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	<b>r</b>	750.00

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171			Use separate schedule(s)	(ch	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12				
	y information copied from such Reports and St for commercial purposes, other than using the												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\rangle$	American Podiatric Medical Ass	ociation F	Political Action Commi	ttee									
Α.	Full Name (Last, First, Middle Initial) Dr. Roland A. Palmquist				Date of	Re	ceipt						
	Mailing Address 8958 Riverside Dr			06 27 _ 2014 _									
	City	State	Zip Code			acti		A078F39	94663034	204853			
	Parker	AZ	85344-8088	_	Amount	of	Each F	Receipt th	is Period				
	FEC ID number of contributing federal political committee.	С					7	3	500	.00			
	Name of Employer	Occupation											
	Parker Indian Health Center	Podiatric Ph	nysician										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		500.00										
	Full Name (Last, First, Middle Initial) Dr. Heather Renee McGuire						ceipt						
В.	Mailing Address 4985 Via Santana						30	/ Y	2014	Y			
	City	State	Zip Code		06 Transa	acti		A881217	64A1E94	762811			
	Newbury Park	CA	91320-6982	_	Amount	of	Each F	leceipt th	is Period				
	FEC ID number of contributing federal political committee.	С				7		250	.00				
	Name of Employer	Occupation											
	Self-Employed Receipt For:	Podiatric Ph											
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		250.00	4									
с.	Full Name (Last, First, Middle Initial) Dr. James V. Stelnicki				Date of	Re	ceipt						
	Mailing Address 3473 Tidewater Dr				м м 06	/	30		2014	Y			
	City Waski Washas	State FL	Zip Code				-			C46DD807			
	Weeki Wachee	ΓL	34607-1045	_	Amount	of	Each F	leceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			L	_	,		300	0.00			
	Name of Employer	Occupation											
	Self-Employed Receipt For:	Podiatric Ph		_									
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		300.00										
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S	CHEDULE B (FEC Form 3X)			1								
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	EMIZED DISBURSEMENTS	for each catego	ry of the		22 X 23 24 25 26							
		Detailed Summa	ary Page	27	28a 28b 28c 29 30b							
Ar	y information copied from such Reports and Stater	ments may not be	sold or use	d by any perso	on for the purpose of soliciting contributions							
	for commercial purposes, other than using the nan											
$\setminus$	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	American Podiatric Medical Associ	ation Politica	Action	Committe	e							
	Full Name (Last, First, Middle Initial)											
Α.	Boehner for Speaker				Date of Disbursement							
	Mailing Address Attn: Caitlin Wohlfarth 631-B Pennsylvania Avenue SE				06 05 2014							
	City	State Zip C	Code		Transaction ID : B505419E367BD428E841							
	Washington	DC 2000	)3		Transaction ID . B303413E307 BD420E041							
	Purpose of Disbursement Pennsylvania Fundraiser with Pitts				Amount of Each Disbursement this Period							
	Candidate Name			Category/ Type	2500.00							
	Office Sought: House Disburser	ment For: 2014		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	Senate		General									
	President	Other (specify)	,									
	State: District:	C	Other2014									
_	Full Name (Last, First, Middle Initial)											
В.	Citizens For Rush				Date of Disbursement							
	Mailing Address P. O. Box 7292				06 05 2014							
	City	State Zip C	Code		Transaction ID : B4E4206546C624891A43							
	Chicago	IL 6068	30									
	Purpose of Disbursement				Amount of Each Disbursement this Period							
	Candidate Name				Amount of Each Dispursement this Period							
	Rep. Bobby L. Rush			Category/ Type	2500.00							
		ment For: 2014		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	Senate	-	General									
	President	Other (specify)	,									
_	State: IL District: 01											
_	Full Name (Last, First, Middle Initial)											
C.	FRIENDS FOR JIM MCDERMOTT	-			Date of Disbursement							
	Mailing Address PO BOX 21786				06 05 2014							
	Maining Address PO BOX 21786				00 03 2014							
	City	State Zip C	Code									
	SEATTLE	WA 9811			Transaction ID : B8C1A69CED38C4B59915							
	Purpose of Disbursement											
	Candidate Name				Amount of Each Disbursement this Period							
	Rep. Jim A. McDermott			Category/ Type	2500.00							
	•	ment For: 2014		iyhe								
	Senate		General									
	President	Other (specify)										
	State: WA District: 07											
Г												
s	UBTOTAL of Disbursements This Page (optional)			····· ►	7500.00							
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SC	CHEDULE B (FEC Form 3X)			F	OR LI	INE N	UMBER	:		PAG	àE 24	OF 27			
	EMIZED DISBURSEMENTS	for each	parate schedule(s) category of the Summary Page		heck	only o 21b 27	-	<b>X</b> 2	3 8b	24 28c	25 29	26 30b			
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	NAME OF COMMITTEE (In Full)														
$\left \right\rangle$	American Podiatric Medical Assoc	iation P	olitical Action	n Co	mm	ittee	•								
	Full Name (Last, First, Middle Initial) Friends of Lois Capps						Date o		ursem	_	vv	Y			
	Mailing Address PO Box 23940						M         Ø         Ø         Ø         Ø         Z014           Transaction ID : B1DF6CC03B7E64B1DB3.								
	City	State	Zip Code												
	Santa Barbara	CA	93121				Trans	action	. חוו	BIDFOC	C03B7E	-0401003/			
	Purpose of Disbursement						Amoun	t of Ea	ach D	isbursen	nent this	Period			
	Candidate Name			Cate	egory	/					4.04				
	Rep. Lois Capps				ype					7	100	00.00			
	Senate President	ment For: Primary Other (spe	K General												
	State: CA District: 24														
	Full Name (Last, First, Middle Initial) Mark Pocan For Congress						Date o	f Disbu	ursem	ient					
	Mailing Address 309 N Baldwin St						м м 06	/	05	/ Y	2014	Y			
	City	State	Zip Code												
	Madison	WI	53703				Trans	sactior	n ID :	BBCD30	924383	D46889F4			
	Purpose of Disbursement						Amoun	t of Ea	ach D	isbursen	nent this	Period			
	Candidate Name			Cate	egory/	/					10(	00.00			
	Rep. Mark Pocan				ype			- 7	_	7	100	00.00			
		ment For: Primary Other (spe	General												
_	Full Name (Last, First, Middle Initial)														
C.	Pallone For Congress						Date o		ursem		Y Y	V			
	Mailing Address PO Box 3176						06		05	7 1	2014	- 1			
	City	State NJ	Zip Code				Trans	actior	ו ID :	BA7F7B	D6CC3	29469FB75			
	Long Branch Purpose of Disbursement	INJ	07740	-	_										
	Candidate Name						Amoun	t of Ea	ach D	isbursen	nent this	Period			
	Rep. Frank Pallone Jr.				egory/ ype	/	· ·				250	00.00			
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							<u> </u>			
_	State: NJ District: 06														
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)		F	OR LINE NUMBER: PAGE 25 OF 27										27			
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			for each category of the Detailed Summary Page			21b 27		22 28a	×	23 28b		24 28c		25 29		26 30b		
	y information copied from such Reports and State for commercial purposes, other than using the nar																	
$\left  \right $	NAME OF COMMITTEE (In Full)																	
	American Podiatric Medical Assoc	iation P	Political Action	n Co	mr	nitte	ee											
_	Full Name (Last, First, Middle Initial)																	
Α.	Pat Roberts For US Senate Inc								Date of Disbursement									
	Mailing Address PO Box 433		State Zip Code					06 05 2014										
	City	State																
	Great Bend	KS	KS 67530					Transaction ID : B0D415FBC9A4B4CF99D										
	Purpose of Disbursement			<u> </u>				Amount of Each Disbursement this Period										
	Candidate Name			Cat	eao	rv/												
	Sen. Pat Roberts			Category/ Type						7	_			2500	0.00			
		ment For:																
	X Senate	Primary	General															
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_	Full Name (Last, First, Middle Initial)																	
Β.	People For Patty Murray						Date of Disbursement											
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	Mailing Address PO Box 3662							06 05 2014										
	City Seattle	State WA	Zip Code 98124					Trans	sact	ion II	) : E	BEDB	3EF	35024	444F	88E		
	Purpose of Disbursement				-													
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	Candidate Name	ILLAN						L .						2500	0.00			
	Sen. Patty Murray Office Sought: House Disburse	ment For:		ype		_												
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	Full Name (Last, First, Middle Initial)																	
С.	Price For Congress								f Dis	sburs	eme	ent						
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	Mailing Address P.O. Box 425			06		(	)5		2	014								
	City	State	Zip Code					Tran	act	ion IF	) · E	363A3		2150				
	Roswell	GA	30077					man	sau			JUJAJ	446(	21EL	4CJL	504(		
	Purpose of Disbursement																	
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	Rep. Tom Price			Category/ Type				2500.00								٦.		
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S	CHEDULE B (FEC Form 3X)									F	PAGE	26 (	DF 27					
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)																	
	American Podiatric Medical Associ	ation F	Political Action	ר Co	mm	hittee	Э											
Α.	Full Name (Last, First, Middle Initial) Rangel for Congress							f Dis	sburse	ement								
	Mailing Address PO Box 5577 Manhattanville Station							06 05 2014										
	5	State Zip Code NY 10027					Transaction ID : B5879614A175946D4917											
	New York Purpose of Disbursement	NY				11 11 13 10 10 10 10 10 10 14A 17 334004317												
							Amount of Each Disbursement this Period 2500.00											
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	Rep. Charles B. Rangel			Т	ype			-	7									
	Office Sought: House Disburser Senate	nent For: Primary	2014 General															
	President	Other (sp																
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_	Full Name (Last, First, Middle Initial)																	
В.	Roskam For Congress Committee						Date of Disbursement											
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	Mailing Address P. O. Box 713						06 05 2014											
	City S Wheaton	State IL	Zip Code 60187				Trans	sact	ion ID	) : B06C	C8D4	1ED89	42F8AF8					
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	Rep. Peter J. Roskam	nent For: 2014						-	7		_	2300	5.00					
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		Primary	General General															
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	Full Name (Last, First, Middle Initial)																	
С.	Lee Terry For Congress						Date o	f Di	sburse	ement								
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	Mailing Address PO Box 540098								2	27	2	2014						
	City	State	Zip Code				Trans	sact	ion ID	) : B650	16730	)58C34	9079DD					
	Omaha Purpose of Disbursement	NE	68154															
	Campaign Contribution			•		<b>F</b>	Dist			Deviced								
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SCHEDULE B (FEC Form 3X)		FOR		IUMBER:	:		F	AGE	27 (	)F 27			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		c only	one)									
	Detailed Summary Page		21b 27	22 28a	×	23 28b	24		25 29	26 30b			
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NAME OF COMMITTEE (In Full)		-											
American Podiatric Medical Associ	ation Political Action	Comn	nittee	9									
Full Name (Last, First, Middle Initial) A. Nancy Pelosi For Congress				Date o	f Dis	burse	ement						
Mailing Address 700 13th Street, Nw		06 / D D / Y Y Y Y 27 2014											
Suite 600 City													
Washington	State Zip Code DC 20005			Trans	sacti	on ID	: BFD1	0CEB	94808	47BBA2/			
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Candidate Name		Categor	y/						2500	00			
Rep. Nancy Pelosi		Туре			-	7			2500	.00			
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State: CA District: 12 Full Name (Last, First, Middle Initial)													
B.				Date o	f Dis	burse	ement						
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Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v												
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