



**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="500616.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15229.50"/>	<input type="text" value="426909.99"/>
(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="515845.65"/>	<input type="text" value="667375.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23500.00"/>	<input type="text" value="174930.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="492345.65"/>	<input type="text" value="492445.65"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7775.00	276519.00
(ii) Unitemized .....	7454.50	144390.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15229.50	420909.99
(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) .....	15229.50	420909.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6000.00
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))..... ▶	15229.50	426909.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15229.50	426909.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	23500.00	174000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	930.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	930.00
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)) ..	23500.00	174930.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23500.00	174930.00

**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) .....	15229.50	420909.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	930.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15229.50	419979.99
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 26
<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. Theodore Andrew Buccilli Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4403 Clover Dr.

City Ravenna	State OH	Zip Code 44266-8636
-----------------	-------------	------------------------

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

Name of Employer NEO Foot & Ankle Surgical Associates	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

**Transaction ID : 21248959**

Amount of Each Receipt this Period  

100.00
--------

**B. Dr. Peter E. Schaffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 6020 Revere Pl.

City Bloomfield Hills	State MI	Zip Code 48301-1771
--------------------------	-------------	------------------------

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

Name of Employer Birmingham FootCare Specialists	Occupation Podiatric Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

**Transaction ID : 21248960**

Amount of Each Receipt this Period  

25.00
-------

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

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

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

Name of Employer Piedmont Foot & Ankle Care	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

**Transaction ID : 21248999**

Amount of Each Receipt this Period  

450.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>575.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<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) <b>A. Dr. Kelvin H. Nguyen</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 02 / 2013 <b>Transaction ID : 21250971</b>
Mailing Address 8672 Bermuda Ave.		Amount of Each Receipt this Period 25.00
City Westminster	State CA	Zip Code 92683-7260
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 ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Diana E. Rogers</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 03 / 2013 <b>Transaction ID : 21250977</b>
Mailing Address 1401 N.E. 9th St. #37		Amount of Each Receipt this Period 20.00
City Fort Lauderdale	State FL	Zip Code 33304-4412
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Stephen C. Schmid</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 04 / 2013 <b>Transaction ID : 21251642</b>
Mailing Address 602 W. Summit Ave.		Amount of Each Receipt this Period 150.00
City Fergus Falls	State MN	Zip Code 56537-2017
FEC ID number of contributing federal political committee. C		
Name of Employer Podiatric Student	Occupation Podiatric Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> 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 8 OF 26  
(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. James Robert Shipley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 479 Laurelyn Dr.  
 City Mount Airy State NC Zip Code 27030-7486  
 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 / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : 21251644**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Benjamin K. Marble**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 W. Camino Pablo Dr.  
 City Pueblo State CO Zip Code 81007-4020  
 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  
 11 / 05 / 2013  
**Transaction ID : 21253359**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. William H. Dabdoub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Ayshire Ct.  
 City Slidell State LA Zip Code 70461-5034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2013  
**Transaction ID : 21253362**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00  
**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 9 OF 26  
(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. Steven E. Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22855 Sparrowdell Dr.  
 City Calabasas State CA Zip Code 91302-1820  
 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  
 11 / 08 / 2013  
**Transaction ID : 21254988**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Angelo B. Sutera Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Powell Ct.  
 City Glen Mills State PA Zip Code 19342-1781  
 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  
 11 / 07 / 2013  
**Transaction ID : 21254996**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Kenneth Paul Seiter Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11534 Kings Way Dr.  
 City Fort Smith State AR Zip Code 72916-8394  
 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  
 11 / 08 / 2013  
**Transaction ID : 21255000**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stephen M. Pribut</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 12 / 2013 <b>Transaction ID : 21258212</b>		
Mailing Address 2141 K St. N.W. #702			Amount of Each Receipt this Period 150.00		
City Washington	State DC	Zip Code 20037-1810			
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>B. Dr. Lisa M. DeTournay</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2013 <b>Transaction ID : 21259808</b>		
Mailing Address DeTournay & Millar, DPM, P.A. 11410 N. Kendall Dr. #106			Amount of Each Receipt this Period 300.00		
City Miami	State FL	Zip Code 33176-1031			
FEC ID number of contributing federal political committee. C					
Name of Employer DeTournay & Millar, DPM, P.A.		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>C. Dr. Adnan Shariff</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2013 <b>Transaction ID : 21259810</b>		
Mailing Address 191 Elena Ct.			Amount of Each Receipt this Period 150.00		
City Jupiter	State FL	Zip Code 33478-5403			
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			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 26
	<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. Gordon S. Hamblin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7475 San Gabriel Rd.  
 City Atascadero State CA Zip Code 93422-2153  
 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 / D D / Y Y Y Y Y  
 11 / 14 / 2013  
**Transaction ID : 21260933**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Bruce M. Jacob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4319 Foxpointe Dr.  
 City West Bloomfield State MI Zip Code 48323-2615  
 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  
 11 / 15 / 2013  
**Transaction ID : 21261038**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Robert Frimmel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3527 Palonia Ct.  
 City Sarasota State FL Zip Code 34239-5929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Sarasota Footcare Center 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  
 11 / 16 / 2013  
**Transaction ID : 21264155**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> 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 26
<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. Steve R. Feller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7507 Custer Rd. W.  
 City Tacoma State WA Zip Code 98499-8138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2013  
**Transaction ID : 21264164**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Bryan Calvo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5661 S.W. 165th Ct.  
 City Miami State FL Zip Code 33193-4490  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2013  
**Transaction ID : 21264165**  
 Amount of Each Receipt this Period  
 30.00

**C. Dr. H. F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 River Valley Rd.  
 City Little Rock State AR Zip Code 72227-1505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2013  
**Transaction ID : 21264176**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> 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 26
	<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

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. Matthew G. Ollerton**  
Full Name (Last, First, Middle Initial)

Mailing Address 519 S. 1800 E.

City Springville State UT Zip Code 84663-2610

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  
11 / 18 / 2013  
**Transaction ID : 21264178**

Amount of Each Receipt this Period  
25.00

**B. Dr. Joseph M. Hughes**  
Full Name (Last, First, Middle Initial)

Mailing Address 2311 Ocean View Dr.

City Signal Hill State CA Zip Code 90755-3778

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

Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2013  
**Transaction ID : 21264180**

Amount of Each Receipt this Period  
60.00

**C. Dr. Leslie P. Niehaus**  
Full Name (Last, First, Middle Initial)

Mailing Address 8708 Bedell Rd.

City Berlin Center State OH Zip Code 44401-8710

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

Name of Employer Alliance/Salem Foot & Ankle 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  
11 / 19 / 2013  
**Transaction ID : 21265470**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 385.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<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. Mark B. Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 Pinehurst Ave.  
 City Albany State NY Zip Code 12203-2525  
 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  
 11 / 20 / 2013  
**Transaction ID : 21268063**  
 Amount of Each Receipt this Period  
**150.00**

**B. Dr. John V. Guiliana**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 488 Schooleys Mountain Rd. #1B  
 City Hackettstown State NJ Zip Code 07840-4001  
 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  
 11 / 20 / 2013  
**Transaction ID : 21268064**  
 Amount of Each Receipt this Period  
**300.00**

**C. Dr. Jonathan M. Little**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 Corral Cir.  
 City Papillion State NE Zip Code 68046-3708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bellevue Foot Center, P.C. 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  
 11 / 20 / 2013  
**Transaction ID : 21268065**  
 Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> 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 15 OF 26  
(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. Lesley S. Appel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 Ritchie Ave.  
 City Cincinnati State OH Zip Code 45215-2035  
 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 ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2013  
**Transaction ID : 21268067**  
 Amount of Each Receipt this Period  
 1000.00

**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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2013  
**Transaction ID : 21268082**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Michael L. Gerber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 474 Beverly Island Dr.  
 City Waterford State MI Zip Code 48328-3602  
 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  
 11 / 21 / 2013  
**Transaction ID : 21268107**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00  
**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 26
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jonathan Bryan Purdy</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 21 / 2013 <b>Transaction ID : 21268115</b>
Mailing Address 1619 Shelby		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph S. Borreggine</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 <b>Transaction ID : 21270910</b>
Mailing Address 924 Hawthorne Drive		Amount of Each Receipt this Period 125.00
City Charleston	State IL	Zip Code 61920-8260
FEC ID number of contributing federal political committee. C		
Name of Employer Touching Ground Podiatry, P.C.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David G. Edwards</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013 <b>Transaction ID : 21270911</b>
Mailing Address 1651 Saddle Hill Dr.		Amount of Each Receipt this Period 90.00
City Logan	State UT	Zip Code 84321-4828
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	465.00
<b>TOTAL</b> 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 26
	<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) <b>A. Dr. Lucinda R. Malvitz</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013
Mailing Address 2635 N. 65th St.		<b>Transaction ID : 21271007</b>
City Milwaukee	State WI	Zip Code 53213-1410
FEC ID number of contributing federal political committee.	C	
Name of Employer Wheaton Franciscan - St. Joseph Hospit	Occupation Podiatric Physician	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Alan Hartstein</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 22 / 2013
Mailing Address 7447 Brunswick Cir.		<b>Transaction ID : 21271454</b>
City Boynton Beach	State FL	Zip Code 33472-2546
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Podiatric Physician	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Matthew Allen Polk</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 20 / 2013
Mailing Address 1 Healthy Way		<b>Transaction ID : 21271461</b>
City Berkeley Springs	State WV	Zip Code 25411-7463
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation Podiatric Physician	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dr. Robert J. Lenfestey Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Birklands Dr.  
 City Cary State NC Zip Code 27518-8205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Piedmont Foot & Ankle Clinic Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2013  
**Transaction ID : 21272261**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Aniello Scotti Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Three Pond Rd.  
 City Smithtown State NY Zip Code 11787-1830  
 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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2013  
**Transaction ID : 21272262**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Liana G. Seldin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Meridian Ave. #10  
 City Miami Beach State FL Zip Code 33139-8713  
 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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 23 / 2013  
**Transaction ID : 21272263**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Andrew J. Schneider</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 <b>Transaction ID : 21272264</b>		
Mailing Address 4326 Sarong Dr.			Amount of Each Receipt this Period 85.00		
City Houston	State TX	Zip Code 77096-4425			
FEC ID number of contributing federal political committee. C					
Name of Employer Tanglewood Foot Specialists		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 935.00			

Full Name (Last, First, Middle Initial) <b>B. Dr. Jason W. Rockwood</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 <b>Transaction ID : 21272265</b>		
Mailing Address 3 Autumn Light Pl.			Amount of Each Receipt this Period 50.00		
City Santa Fe	State NM	Zip Code 87508-1334			
FEC ID number of contributing federal political committee. C					
Name of Employer Glacier Foot & Ankle Associates		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

Full Name (Last, First, Middle Initial) <b>C. Dr. Benjamin W. Weaver</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2013 <b>Transaction ID : 21272266</b>		
Mailing Address Central KS Podiatry Associates 2081 N. Webb Rd.			Amount of Each Receipt this Period 50.00		
City Wichita	State KS	Zip Code 67206-3411			
FEC ID number of contributing federal political committee. C					
Name of Employer Central KS Podiatry Associates		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> 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 26
	<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. Deborah Behre**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 314 Logger Ct. S.E.  
 City Olympia State WA Zip Code 98503-6722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Podiatric Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2013  
**Transaction ID : 21272281**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Brandon Ray Gumbiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address KSB Foot & Ankle Center  
 215 E. 1st St. #301  
 City Dixon State IL Zip Code 61021-3190  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : 21272296**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Phillip Wayne Holloway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2814 Berry St.  
 City Paris State IL Zip Code 61944-6832  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : 21272298**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 26
	<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. Joseph Christopher Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 654 Philadelphia Ave.  
 City Shillington State PA Zip Code 19607-2769  
 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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : 21272300**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr. Holly A. Spohn-Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6425 Lynch Canyon Dr.  
 City Lake Isabella State CA Zip Code 93240-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rural Health Clinic/Kern Valley Hosp. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013  
**Transaction ID : 21272510**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Steven L. Ginex**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77685 Justin Ct.  
 City Palm Desert State CA Zip Code 92211-6238  
 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  
 11 / 26 / 2013  
**Transaction ID : 21272511**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 26
	<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. Jared T. Clifford**  
Full Name (Last, First, Middle Initial)

Mailing Address 1019 6th St.

City Prosser State WA Zip Code 99350-1406

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

Name of Employer Mt. Adams Surgical Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 27 / 2013**

**Transaction ID : 21275202**

Amount of Each Receipt this Period **200.00**

**B. Dr. Kirk Eliel Woelffer**  
Full Name (Last, First, Middle Initial)

Mailing Address Raleigh Foot Center P.O. Box 98209

City Raleigh State NC Zip Code 27624-8209

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

Name of Employer Raleigh Foot Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 28 / 2013**

**Transaction ID : 21277266**

Amount of Each Receipt this Period **50.00**

**C. Dr. Zahid A. Ladha**  
Full Name (Last, First, Middle Initial)

Mailing Address 3544 Marquis Ct.

City Floyds Knobs State IN Zip Code 47119-9766

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 ▼ **2750.00**

Date of Receipt **11 / 28 / 2013**

**Transaction ID : 21277267**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **320.00**

**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 26
	<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. Samuel Stuart Woociker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 445 Warrior Trl.  
 City Enterprise State FL Zip Code 32725-2456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orlando Foot&Ankle Clinic Physicians Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2013  
**Transaction ID : 21277268**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Laurence I. Dorman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12450 S.W. 98th Ct.  
 City Miami State FL Zip Code 33176-4953  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Foot and Ankle Associates, LLC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2013  
**Transaction ID : 21277269**  
 Amount of Each Receipt this Period  
 20.00

**C. Dr. Jeffery H. Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Midwest Podiatry Services  
 610 S. Maple Ave. #2550  
 City Oak Park State IL Zip Code 60304-2807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Podiatry Services Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2013  
**Transaction ID : 21277270**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**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 24 OF 26  
(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. Thomas Charles Melillo**

Mailing Address 22862 S.W. Saunders Dr.

City Sherwood State OR Zip Code 97140-8236

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

Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 25 / 2013**

**Transaction ID : 21301198**

Amount of Each Receipt this Period  
**500.00**

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>7775.00</b>

**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. Duckworth For Congress**

Mailing Address P.O. Box 59568

City State Zip Code  
Schaumburg IL 60159

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Ms. L. Tammy Duckworth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2013			

**Transaction ID : 21258076**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn For Congress, Inc.**

Mailing Address PO Box 3750

City State Zip Code  
Brentwood TN 37024

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2013			

**Transaction ID : 21268047**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. L.A. P.A.C.**

Mailing Address 6380 Wilshire Blvd  
Suite 1612

City State Zip Code  
Los Angeles CA 90048

Purpose of Disbursement  
2013 contribution

011

Category/  
Type

Candidate Name

**L.A. P.A.C.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2013			

**Transaction ID : 21268048**

Amount of Each Disbursement this Period

5000.00
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2013 contribution

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

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

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Candidate Name

**Rep. Henry A. Waxman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

**Transaction ID : 21268049**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Michael Burgess For Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

011

Candidate Name

**Rep. Michael C. Burgess M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

**Transaction ID : 21268050**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Candidate Name

**Rep. Henry A. Waxman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2013

**Transaction ID : 21268051**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00
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**TOTAL** This Period (last page this line number only)..... ▶

23500.00
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