

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road

Check if different than previously reported. (ACC) Bethesda MD 20814-1698

2. **FEC IDENTIFICATION NUMBER ▼** C00008839 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

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

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2014 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2014

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

Type or Print Name of Treasurer Dr. Randy K. Kaplan

Signature of Treasurer Dr. Randy K. Kaplan *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		494355.15
(b) Cash on Hand at Beginning of Reporting Period.....	294117.85	
(c) Total Receipts (from Line 19)	17068.00	406330.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	311185.85	900685.85
7. Total Disbursements (from Line 31).....	0.00	589500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	311185.85	311185.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7778.00	252838.00
(ii) Unitemized	9290.00	145992.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17068.00	398830.70
(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)	17068.00	398830.70
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	7500.00
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))..... ▶	17068.00	406330.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17068.00	406330.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	589500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	589500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	589500.00

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)	17068.00	398830.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17068.00	398830.70
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 22
	<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. Johnnie L. Alston
 Full Name (Last, First, Middle Initial)
 Mailing Address 2167 Normandie Dr
 City Montgomery State AL Zip Code 36111-2728
 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 **1125.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : A7BD2286B9B674E19954
 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
 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 **400.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : A1033FB2C403F44ADB4D
 Amount of Each Receipt this Period **100.00**

C. Dr. Karl Joseph Mangold
 Full Name (Last, First, Middle Initial)
 Mailing Address 2825 Fort Missoula Rd
 Ste 106
 City Missoula State MT Zip Code 59804-7403
 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 **11 / 25 / 2014**
Transaction ID : A5A8AB76A3DE0412BAB4
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **375.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<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. Shawn M. Sanicola

Full Name (Last, First, Middle Initial)
Mailing Address 614 Crestwood Dr

City Waukesha State WI Zip Code 53188-4517

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
11 / 25 / 2014
Transaction ID : A308908CB5BED40C9BFF

Amount of Each Receipt this Period
300.00

B. Dr. Benjamin W. Weaver

Full Name (Last, First, Middle Initial)
Mailing Address 2081 N Webb Rd

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 25 / 2014
Transaction ID : AA5FCD428A42C4F9471

Amount of Each Receipt this Period
25.00

C. Dr. Martin J. Faasse

Full Name (Last, First, Middle Initial)
Mailing Address Fairlanes Medical Center
3550 Fairlanes Ave. S.W., P.O. Box

City Grandville State MI Zip Code 49468

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

Name of Employer Fairlanes Medical Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
11 / 26 / 2014
Transaction ID : A8E8031F90E724285B5B

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Terri R. Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 424 N University Ave
9

City Little Rock State AR Zip Code 72205-3109

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

Name of Employer Little Rock Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 28 / 2014
Transaction ID : A505827C535D54938AC9

Amount of Each Receipt this Period
250.00

B. Dr. John E. Castle
Full Name (Last, First, Middle Initial)

Mailing Address 1227 NE 7th St

City Grants Pass State OR Zip Code 97526-1430

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 ▼
350.00

Date of Receipt
12 / 03 / 2014
Transaction ID : A8B8311D24C794D66B9E

Amount of Each Receipt this Period
350.00

C. Dr. John L. Bostanche
Full Name (Last, First, Middle Initial)

Mailing Address 6123 Green Bay Rd
Ste 100

City Kenosha State WI Zip Code 53142-2939

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 ▼
400.00

Date of Receipt
12 / 05 / 2014
Transaction ID : AEA1CF4D9B285480A816

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<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. Patricia Eileen Cain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 Division St
 Ste 80
 City Oregon City State OR Zip Code 97045-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon City Foot Clinic 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
 12 / 05 / 2014
Transaction ID : A058C076EBA8B4D0AB7A
 Amount of Each Receipt this Period
500.00

B. Dr. Michael Andrew DeKorte
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Golf View Dr
 City Medford State OR Zip Code 97504-9643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medford 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
 12 / 05 / 2014
Transaction ID : AC571A951F5CE4C69802
 Amount of Each Receipt this Period
150.00

C. Dr. Kim A. Halladay
 Full Name (Last, First, Middle Initial)
 Mailing Address 2356 N 400 E
 Ste 104
 City Tooele State UT Zip Code 84074-3409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tooele Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A6B94178CD7B24E1F82F
 Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<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. Larry D. Jensen
Full Name (Last, First, Middle Initial)

Mailing Address 11815 SW King James Pl
Ste 60

City Tigard State OR Zip Code 97224-2479

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
12 / 05 / 2014
Transaction ID : A05CD30040E2D4360B5C

Amount of Each Receipt this Period
150.00

B. Dr. Ted R. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address S.W. Podiatry
680 W. Monroe St.

City Wytheville State VA Zip Code 24382

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

Name of Employer S.W. Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 05 / 2014
Transaction ID : AD21733EFC4FE4BF9B50

Amount of Each Receipt this Period
100.00

C. Dr. Rick Edward McClure
Full Name (Last, First, Middle Initial)

Mailing Address 713 Golf View Dr

City Medford State OR Zip Code 97504-9643

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
12 / 05 / 2014
Transaction ID : A08DBDA63E2B643F49D2

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

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

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

A. Dr. Elliot N. Michael
Full Name (Last, First, Middle Initial)

Mailing Address 862 SE Oak St
1

City Hillsboro State OR Zip Code 97123-4240

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

Name of Employer Hillsboro Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
12 / 05 / 2014
Transaction ID : **AB729BB98D2A7417D82D**

Amount of Each Receipt this Period
150.00

B. Dr. Amol Saxena
Full Name (Last, First, Middle Initial)

Mailing Address 3814 Magnolia Dr

City Palo Alto State CA Zip Code 94306-3231

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
12 / 05 / 2014
Transaction ID : **A2F610501CC914432B38**

Amount of Each Receipt this Period
250.00

C. Dr. Robert W. Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Pleasure House Rd
101-10

City Virginia Beach State VA Zip Code 23455-4053

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 ▼ 400.00

Date of Receipt
12 / 05 / 2014
Transaction ID : **A7CCE8CBD29AD48ACA1F**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<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. Kenneth R. Wilhelm
 Full Name (Last, First, Middle Initial)
 Mailing Address 13902 Clear Springs Ln
 City Clifton State VA Zip Code 20124-2432
 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
 12 / 05 / 2014
Transaction ID : A7255086194074B4E9EC
 Amount of Each Receipt this Period
 100.00

B. Dr. Blake Odell Zobell
 Full Name (Last, First, Middle Initial)
 Mailing Address 879 N Main St
 City Richfield State UT Zip Code 84701-1840
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : A8BF120CF6A7E41C5989
 Amount of Each Receipt this Period
 100.00

C. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Smart Pl # A
 City Slidell State LA Zip Code 70458-2040
 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 ▼ 2350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2014
Transaction ID : A0B33E0985FF140698AC
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. 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
12 / 11 / 2014
Transaction ID : **A6AC82F5B497D48BDAE9**

Amount of Each Receipt this Period
25.00

B. Dr. Thuy-Trang Lam
Full Name (Last, First, Middle Initial)

Mailing Address 8800 SE Sunnyside Rd Ste 105N

City Clackamas State OR Zip Code 97015-5704

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

Name of Employer Clackamas Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 12 / 2014
Transaction ID : **AC4B28914AE50411D836**

Amount of Each Receipt this Period
150.00

C. Dr. David F. Ray
Full Name (Last, First, Middle Initial)

Mailing Address Center for Foot & Ankle Care 966 W. US Hwy. 30

City Schererville State IN Zip Code 46375

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

Name of Employer Center for Foot & Ankle Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
12 / 12 / 2014
Transaction ID : **A4EF9DB43D3394FB7A19**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Kirk Eliel Woelffer
 Full Name (Last, First, Middle Initial)
 Mailing Address PO 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2014
Transaction ID : AF349998A711E4AB5A40
 Amount of Each Receipt this Period
 500.00

B. Dr. Sandra R. Sheehan
 Full Name (Last, First, Middle Initial)
 Mailing Address Cape Fear Podiatry Associates
 1738 Metromedical Dr.
 City Fayetteville State NC Zip Code 28304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2014
Transaction ID : A786DF7CF847E47DFAF4
 Amount of Each Receipt this Period
 300.00

C. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2014
Transaction ID : AF898385B8638461A949
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Frimmel		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2014
Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106		Transaction ID : A6A3977DBA92A4602A79
City Sarasota	State FL	Zip Code 34239
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer Sarasota Footcare Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Jimmy W. Downing		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2014
Mailing Address 600 Peter Jefferson Pkwy Ste 360		Transaction ID : A0B56E24CE98145FD8AD
City Charlottesville	State VA	Zip Code 22911-8837
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 150.00
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Dr. H. F. Brown III		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2014
Mailing Address 2001 Georgia Ave		Transaction ID : AE2CADCC04C6642C2AE3
City Little Rock	State AR	Zip Code 72207-5014
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Vito N. Giardina		Date of Receipt 12 / 22 / 2014 Transaction ID : ACC187D3A5AC1434D85C
Mailing Address 4660 Wilkens Ave		Amount of Each Receipt this Period 300.00
City Baltimore	State MD	Zip Code 21229-4848
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Tyson E. Green		Date of Receipt 12 / 22 / 2014 Transaction ID : AAC2C6A90D2BA496DA79
Mailing Address 1747 Imperial Blvd		Amount of Each Receipt this Period 100.00
City Lake Charles	State LA	Zip Code 70605-5362
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 ▼ 1600.00	

Full Name (Last, First, Middle Initial) C. Dr. Renee L. Mackey		Date of Receipt 12 / 22 / 2014 Transaction ID : A6C191A234B7843B1A55
Mailing Address Northeast Ohio Medical Associates 2640 W. Market St. #301		Amount of Each Receipt this Period 25.00
City Fairlawn	State OH	Zip Code 44333
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

Mailing Address 3955 Patient Care Way

City Lansing State MI Zip Code 48911-4299

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
12 / 22 / 2014
Transaction ID : A725DEF95A61E4734B0A

Amount of Each Receipt this Period
460.00

B. Dr. John Rembert Carradine
Full Name (Last, First, Middle Initial)

Mailing Address 3800 Houma Blvd Ste 260

City Metairie State LA Zip Code 70006-4184

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
12 / 23 / 2014
Transaction ID : A2D3092B8A03F463B89B

Amount of Each Receipt this Period
300.00

C. Dr. Rick Siegel
Full Name (Last, First, Middle Initial)

Mailing Address 2759 Elizabeth Lake Rd Ste 101

City Waterford State MI Zip Code 48328-3291

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
12 / 23 / 2014
Transaction ID : A03A1F3D529FC427FB5E

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 846.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Gregory W. Bryan		Date of Receipt
Mailing Address Ark LA Tex Foot Specialists, LLC 385 Bert Kouns #200		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Shreveport	State LA	Zip Code 71106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ABE1D338466744C968C7
Name of Employer Ark LA TexFoot Specialists, LLC	Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Luis B. Eiber		Date of Receipt
Mailing Address 2900 W Lake Vista Cir		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Davie	State FL	Zip Code 33328-1138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE034B9E280CC4EA181B
Name of Employer HI Foot Clinic	Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Adam Christopher Gough		Date of Receipt
Mailing Address 1600 E 32nd St		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City Silver City	State NM	Zip Code 88061-7287
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD2539E9413354E3B9FF
Name of Employer Silver Internal Medicine	Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="17.00"/>
	<input type="text" value="204.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="142.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 22
	<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. Philip Wayne Holloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 E Court St
 City Paris State IL Zip Code 61944-2460
 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 ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : A34107551DC9B4965B8B
 Amount of Each Receipt this Period
 50.00

B. Dr. Jason W. Rockwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 2019 Galisteo St Ste K
 City Santa Fe State NM Zip Code 87505-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Glacier Foot & Ankle Associates 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 Y Y
 12 / 29 / 2014
Transaction ID : AC43D55562A014E79BA0
 Amount of Each Receipt this Period
 50.00

C. 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 Occupation
 Rural Health Clinic/Kern Valley Hosp. 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
 12 / 29 / 2014
Transaction ID : ABF4714028B334456BB9
 Amount of Each Receipt this Period
 50.00

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 20 OF 22
	<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. Benjamin W. Weaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 2081 N Webb Rd
 City State Zip Code
 Wichita KS 67206-3411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Central KS Podiatry Associates Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : A53AE6603FC7D4D53803
 Amount of Each Receipt this Period
 25.00

B. Dr. Eveleigh E. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address Foot & Ankle Pain Center
 3330 W. 177th St. #2D
 City State Zip Code
 Hazel Crest IL 60429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Foot & Ankle Pain Center 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
 12 / 29 / 2014
Transaction ID : A1E6FBE87CC944386A33
 Amount of Each Receipt this Period
 25.00

C. Dr. Matthew Allen Polk
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Healthy Way
 City State Zip Code
 Berkeley Springs WV 25411-7463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2014
Transaction ID : A259B80B239284EEFBCF
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 22
	<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. Howard B. Goldsmith
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 W 72nd St
 Apt 2D
 City New York State NY Zip Code 10023-3476
 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 ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : A08E9A0EB68024201AAB
 Amount of Each Receipt this Period
 115.00

B. Dr. Brandi S. Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 SE Harney St
 City Portland State OR Zip Code 97202-7130
 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
 12 / 31 / 2014
Transaction ID : A1C19E61BBD2148F0995
 Amount of Each Receipt this Period
 300.00

C. Dr. Marisha I. Stawiski
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Lake Dr SE
 Ste 305
 City Grand Rapids State MI Zip Code 49546-8292
 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
 12 / 31 / 2014
Transaction ID : A007A40F365194919ADF
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 715.00
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 22 OF 22
(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. Bruce P. Theall

Mailing Address 310 Central Ave
Ste 301

City East Orange State NJ Zip Code 07018-2838

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
12 / 31 / 2014

Transaction ID : AC89D276BAA584216A06

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	7778.00