

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
American Podiatric Medical Association Political Action Committee

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		240465.66
(b) Cash on Hand at Beginning of Reporting Period.....	240365.66	
(c) Total Receipts (from Line 19)	94258.00	94258.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	334623.66	334723.66
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334623.66	334723.66
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).....	66878.00	66878.00
(ii) Unitemized	27380.00	27380.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	94258.00	94258.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	94258.00	94258.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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))..... ▶	94258.00	94258.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	94258.00	94258.00

DETAILED SUMMARY PAGE
of Disbursements

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

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)	94258.00	94258.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94258.00	94258.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Odin de los Reyes
 Full Name (Last, First, Middle Initial)
 Mailing Address 351 Crest Rd.
 City Southington State CT Zip Code 06489-2868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : 20612757
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Dr. Sanford Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Deere Park Ct.
 City Highland Park State IL Zip Code 60035-5309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2013
Transaction ID : 20623574
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

C. Dr. Mark E. Reiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2909 Abernathy Lake Cove
 City Jonesboro State AR Zip Code 72404-8403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 20626188
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 46
	<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. Seth A. Rubenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1322 Pavilion Club Way
 City Reston State VA Zip Code 20194-1338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fox Mill Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2013
Transaction ID : 20665632
 Amount of Each Receipt this Period
 1000.00

B. Dr. Richard A. Bellacosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Tanner Woods
 City San Antonio State TX Zip Code 78248-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Antonio Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2013
Transaction ID : 20666154
 Amount of Each Receipt this Period
 300.00

C. Dr. Mark T. Eaton
 Full Name (Last, First, Middle Initial)
 Mailing Address 6737 Stone Mountain Farm Rd.
 City Fayetteville State NC Zip Code 28311-1193
 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 / D D / Y Y Y Y Y Y
 01 / 11 / 2013
Transaction ID : 20666623
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 46
	<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. Terrill F. Brown III
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Chicora Club Dr.
 City State Zip Code
 Dunn NC 28334-5667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 11 / 2013
Transaction ID : 20666624
 Amount of Each Receipt this Period
 300.00

B. Dr. William N. McCann
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Jonathan Ln.
 City State Zip Code
 Bow NH 03304-3713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pillsbury Medical Bldg. Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : 20668304
 Amount of Each Receipt this Period
 550.00

C. Dr. Andrew C. Schink
 Full Name (Last, First, Middle Initial)
 Mailing Address 1715 Cameo Dr.
 City State Zip Code
 Eugene OR 97405-5897
 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
 01 / 18 / 2013
Transaction ID : 20676418
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
	<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. Laura J. Pickard		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2013 Transaction ID : 20676428
Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd.		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60634-3547
FEC ID number of contributing federal political committee. C		
Name of Employer Norridge Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Helena Anne Reid		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2013 Transaction ID : 20676429
Mailing Address 840 35th Ave. Pl. #102		Amount of Each Receipt this Period 400.00
City Moline	State IL	Zip Code 61265-8026
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. David Alan Yeager		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2013 Transaction ID : 20676430
Mailing Address 2165 Fawn Ridge Dr.		Amount of Each Receipt this Period 1000.00
City Dixon	State IL	Zip Code 61021-9502
FEC ID number of contributing federal political committee. C		
Name of Employer KSB Medical Group/Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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 46
	<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. Francis John Rottier
Full Name (Last, First, Middle Initial)

Mailing Address 1529 W. Montana St. #1

City Chicago State IL Zip Code 60614-2007

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2013
Transaction ID : 20676431

Amount of Each Receipt this Period
500.00

B. Dr. Jeffrey R. Baker
Full Name (Last, First, Middle Initial)

Mailing Address 111 W. Maple St. #2006

City Chicago State IL Zip Code 60610-5452

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 17 / 2013
Transaction ID : 20676432

Amount of Each Receipt this Period
500.00

C. Dr. Michael Joseph Cornelison
Full Name (Last, First, Middle Initial)

Mailing Address 131 Anne Way

City Los Gatos State CA Zip Code 95032-4010

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

Name of Employer Cupertino Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2013
Transaction ID : 20678144

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 46
(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

Full Name (Last, First, Middle Initial)
A. Dr. Mickey E. Gordon

Mailing Address 9955 Tamiami Trl. N. #1

City State Zip Code
Naples FL 34108-1914

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 23 / 2013
Transaction ID : 20680557

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. William Harris IV

Mailing Address 1517 Chandler Pl.

City State Zip Code
Lancaster SC 29720-2851

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

Name of Employer Occupation
Presbyterian Medical Center 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
01 / 23 / 2013
Transaction ID : 20680560

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Dr. William J. Blake

Mailing Address 15 Santos Ln.

City State Zip Code
Santa Fe NM 87506-8915

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

Name of Employer Occupation
Foot & Ankle Associates, Inc. Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 23 / 2013
Transaction ID : 20680561

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 46
<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. Nicholas C. Crimali
 Full Name (Last, First, Middle Initial)
 Mailing Address 6685 SVL Box
 City Victorville State CA Zip Code 92395-5191
 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 **01 / 23 / 2013**
Transaction ID : 20680562
 Amount of Each Receipt this Period **300.00**

B. Dr. Matthew R. Sheedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 4632 Oak Ridge St.
 City Houston State TX Zip Code 77009-4423
 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 **01 / 23 / 2013**
Transaction ID : 20680568
 Amount of Each Receipt this Period **300.00**

C. Dr. Larry S. Hotchkiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Harvard Ct.
 City Rockville State MD Zip Code 20850-1148
 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 **01 / 23 / 2013**
Transaction ID : 20680570
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	850.00
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 46
	<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. Neal R. Frankel
Full Name (Last, First, Middle Initial)

Mailing Address Advanced Foot & Ankle
30 S. Michigan Ave. #302

City Chicago State IL Zip Code 60603-3203

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

Name of Employer Advanced Foot & Ankle Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 23 / 2013
Transaction ID : 20680572

Amount of Each Receipt this Period
1000.00

B. Dr. Daniel Dale Michaels
Full Name (Last, First, Middle Initial)

Mailing Address The Reconstructive Foot & Ankle In
1150 Professional Ct. #C

City Hagerstown State MD Zip Code 21740-4100

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 ▼
1001.00

Date of Receipt
01 / 23 / 2013
Transaction ID : 20680573

Amount of Each Receipt this Period
1001.00

C. Dr. Steven D. Brook
Full Name (Last, First, Middle Initial)

Mailing Address 11 Twilight Ct.

City Melville State NY Zip Code 11747-3222

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

Name of Employer Mineola Foot Care, P.C. Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 23 / 2013
Transaction ID : 20680574

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3001.00

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 46
	<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. Eric John Polansky		Date of Receipt MM / DD / YYYY 01 / 23 / 2013 Transaction ID : 20680575
Mailing Address Advanced Foot & Ankle Care 1000 Michigan St.		Amount of Each Receipt this Period 1001.00
City Sidney	State OH	
Zip Code 45365-2404		Aggregate Year-to-Date ▼ 1001.00
FEC ID number of contributing federal political committee. C		
Name of Employer Advanced Foot & Ankle Care	Occupation Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr. Bruce J. Levine		Date of Receipt MM / DD / YYYY 01 / 24 / 2013 Transaction ID : 20681477
Mailing Address 2521 Countryside Blvd.		Amount of Each Receipt this Period 500.00
City Clearwater	State FL	
Zip Code 33763-1605		Aggregate Year-to-Date ▼ 500.00
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) ▼

Full Name (Last, First, Middle Initial) C. Dr. Chris A. Klimowich		Date of Receipt MM / DD / YYYY 01 / 24 / 2013 Transaction ID : 20681478
Mailing Address 12630 Panasoffkee Dr.		Amount of Each Receipt this Period 250.00
City North Fort Myers	State FL	
Zip Code 33903-4748		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer The Foot & Ankle Group	Occupation Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1751.00
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 46
	<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. Stephen L. Moss
Full Name (Last, First, Middle Initial)

Mailing Address 6240 Kipps Colony Ct. #205

City Gulfport State FL Zip Code 33707-3979

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
01 / 24 / 2013
Transaction ID : 20681479

Amount of Each Receipt this Period
250.00

B. Dr. David I. Metzendorf
Full Name (Last, First, Middle Initial)

Mailing Address 2250 Crump Rd.

City Winter Haven State FL Zip Code 33881-9231

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
01 / 24 / 2013
Transaction ID : 20681480

Amount of Each Receipt this Period
250.00

C. Dr. Briant G. Moyles
Full Name (Last, First, Middle Initial)

Mailing Address 651 Franklyn Ave.

City Indialantic State FL Zip Code 32903-4603

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

Name of Employer Occupation Melbourne Podiatry Associates Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 24 / 2013
Transaction ID : 20681481

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 46
	<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. Timothy Tillo
Full Name (Last, First, Middle Initial)

Mailing Address 12276 San Jose Blvd. #606

City Jacksonville	State FL	Zip Code 32223-8672
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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
01	/	24	/	2013

Transaction ID : 20681482

Amount of Each Receipt this Period
300.00

B. Dr. David A. Simonson
Full Name (Last, First, Middle Initial)

Mailing Address 2221 Rockledge Dr.

City Rockledge	State FL	Zip Code 32955-5403
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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
01	/	24	/	2013

Transaction ID : 20681483

Amount of Each Receipt this Period
300.00

C. Dr. Alan Hartstein
Full Name (Last, First, Middle Initial)

Mailing Address 7447 Brunswick Cir.

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
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2013

Transaction ID : 20681484

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<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. Michael J. Ball
Full Name (Last, First, Middle Initial)

Mailing Address 11858 N.W. 11th Pl.

City State Zip Code
Coral Springs FL 33071-5036

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2013
Transaction ID : 20681485

Amount of Each Receipt this Period
300.00

B. Dr. Robert A. Iannacone
Full Name (Last, First, Middle Initial)

Mailing Address 3081 N.E. Heather Ct.

City State Zip Code
Jensen Beach FL 34957-5071

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

Name of Employer Occupation
Iannacone Podiatry 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
01 / 24 / 2013
Transaction ID : 20681486

Amount of Each Receipt this Period
300.00

C. Dr. Paul Davis Brooks
Full Name (Last, First, Middle Initial)

Mailing Address 56 Blithewood Dr.

City State Zip Code
Pensacola FL 32514-8193

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2013
Transaction ID : 20681487

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 46
	<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. Bradley Charles Haves
 Full Name (Last, First, Middle Initial)
 Mailing Address 1609 N.W. 14th Ave.
 City Miami State FL Zip Code 33125-1619
 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
 01 / 24 / 2013
Transaction ID : 20681488
 Amount of Each Receipt this Period
 300.00

B. Dr. Terence D. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 Buchanan St.
 City Hollywood State FL Zip Code 33021-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Imperial Point Podiatry Assoc.
 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
 01 / 24 / 2013
Transaction ID : 20681489
 Amount of Each Receipt this Period
 250.00

C. Dr. Cynthia C. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 Buchanan St.
 City Hollywood State FL Zip Code 33021-5708
 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
 01 / 24 / 2013
Transaction ID : 20681490
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
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 46
<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. Dennis R. Frisch
 Full Name (Last, First, Middle Initial)
 Mailing Address 1070 S.W. 19th St.
 City Boca Raton State FL Zip Code 33486-6830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boca Raton Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681491
 Amount of Each Receipt this Period
 1000.00

B. Dr. Mark S. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address 660 Glades Rd. #120
 City Boca Raton State FL Zip Code 33431-6466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681492
 Amount of Each Receipt this Period
 1000.00

C. Dr. Edward Daly
 Full Name (Last, First, Middle Initial)
 Mailing Address Citrus Podiatry Center, P.A.
 P.O. Box 1120
 City Lecanto State FL Zip Code 34460-1120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Citrus Podiatry Center, P.A. 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
 01 / 24 / 2013
Transaction ID : 20681493
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 46
	<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. James V. Stelnicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 3473 Tidewater Dr.
 City State Zip Code
 Weeki Wachee FL 34607-1045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681494
 Amount of Each Receipt this Period
 300.00

B. Dr. Scarlett Ann Kinley
 Full Name (Last, First, Middle Initial)
 Mailing Address 935 23rd Ave. N.
 City State Zip Code
 Saint Petersburg FL 33704-3225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bay Area Foot & Ankle 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
 01 / 24 / 2013
Transaction ID : 20681495
 Amount of Each Receipt this Period
 300.00

C. Dr. Joan M. Koewler
 Full Name (Last, First, Middle Initial)
 Mailing Address 713 Bayshore Rd.
 City State Zip Code
 Nokomis FL 34275-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681496
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 46
	<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

Full Name (Last, First, Middle Initial) A. Dr. Martin E. Karns		Date of Receipt 01 / 24 / 2013 Transaction ID : 20681497
Mailing Address 6496 San Michel Way		Amount of Each Receipt this Period 300.00
City Delray Beach	State FL	Zip Code 33484-6967
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. Matthew H. Etheridge		Date of Receipt 01 / 24 / 2013 Transaction ID : 20681498
Mailing Address 401 Andrew Jackson Trl.		Amount of Each Receipt this Period 300.00
City Gulf Breeze	State FL	Zip Code 32561-4414
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary R. Goodman		Date of Receipt 01 / 24 / 2013 Transaction ID : 20681499
Mailing Address 2428 Illcreek Cir. E.		Amount of Each Receipt this Period 300.00
City Clearwater	State FL	Zip Code 33759
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).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 46
	<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. Joseph E. Kiefer
Full Name (Last, First, Middle Initial)

Mailing Address 4561 Canopy Rd.

City Pensacola State FL Zip Code 32504-7801

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

Name of Employer Gulf Coast Podiatry 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
 01 / 24 / 2013
Transaction ID : 20681500

Amount of Each Receipt this Period
 300.00

B. Dr. John R. Heiser
Full Name (Last, First, Middle Initial)

Mailing Address 10010 S.W. 86th Ter.

City Gainesville State FL Zip Code 32608-6277

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

Name of Employer Gainesville Podiatry Associates Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681501

Amount of Each Receipt this Period
 300.00

C. Dr. Thomas A. Berens
Full Name (Last, First, Middle Initial)

Mailing Address 8127 S.W. 43rd Pl.

City Gainesville State FL Zip Code 32608-4224

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

Name of Employer Gainesville Podiatry Associates Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681502

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 46
	<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. Christopher Addison
Full Name (Last, First, Middle Initial)

Mailing Address 1403 Water Oak Way N.

City	State	Zip Code
Bradenton	FL	34209-7831

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	/	D D	/	Y Y Y Y
01	/	24	/	2013

Transaction ID : 20681503

Amount of Each Receipt this Period
500.00

B. Dr. Richard H. Mann
Full Name (Last, First, Middle Initial)

Mailing Address 11082 S. Military Trl.

City	State	Zip Code
Boynton Beach	FL	33436-7217

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	/	D D	/	Y Y Y Y
01	/	24	/	2013

Transaction ID : 20681504

Amount of Each Receipt this Period
500.00

C. Dr. John E. Baker
Full Name (Last, First, Middle Initial)

Mailing Address 4644 Lake in the Woods Dr.

City	State	Zip Code
Spring Hill	FL	34607-2318

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

Name of Employer	Occupation
Foot & Ankle Care Center	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
01	/	24	/	2013

Transaction ID : 20681505

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 46
	<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. Stephen M. Meritt
Full Name (Last, First, Middle Initial)

Mailing Address 2636 Forest Point Ct.

City Jacksonville State FL Zip Code 32257-5623

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
01 / 24 / 2013
Transaction ID : 20681506

Amount of Each Receipt this Period
500.00

B. Dr. Roberta Giudice-Teller
Full Name (Last, First, Middle Initial)

Mailing Address 2244 N.W. 9th Pl.

City Gainesville State FL Zip Code 32605-5202

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
01 / 24 / 2013
Transaction ID : 20681507

Amount of Each Receipt this Period
1000.00

C. Dr. Ross E. Taubman
Full Name (Last, First, Middle Initial)

Mailing Address Podiatry Insurance Company of Amer
3000 Meridian Blvd. #400

City Franklin State TN Zip Code 37067-9900

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

Name of Employer Podiatric Insurance Company of America Occupation President & Chief Medical Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 24 / 2013
Transaction ID : 20681508

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 46
	<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. Zahid A. Ladha		Date of Receipt 01 / 25 / 2013 Transaction ID : 20681546
Mailing Address 3544 Marquis Ct.		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas P. Broner		Date of Receipt 01 / 24 / 2013 Transaction ID : 20681567
Mailing Address 1354 Pinewood Rd.		Amount of Each Receipt this Period 250.00
City Jacksonville Beach	State FL	Zip Code 32250-2931
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Barney A. Greenberg		Date of Receipt 01 / 24 / 2013 Transaction ID : 20681568
Mailing Address 16283 Cayuga Cir.		Amount of Each Receipt this Period 1200.00
City Davie	State FL	Zip Code 33331-2155
FEC ID number of contributing federal political committee. C	Name of Employer Podiatry Associates	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
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 26 OF 46
(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. Stuart A. Courtney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3590 N. 45th Ave.
 City Hollywood State FL Zip Code 33021-2450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681569
 Amount of Each Receipt this Period
 500.00

B. Dr. W. Christopher Fleming
 Full Name (Last, First, Middle Initial)
 Mailing Address 3008 S.W. 41st Ln.
 City Ocala State FL Zip Code 34474-5860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : 20681570
 Amount of Each Receipt this Period
 500.00

C. Dr. Mark Andrew Lambert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2210 Fleance Dr.
 City Pensacola State FL Zip Code 32503-5827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Pensacola Foot & Ankle Center 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
 01 / 24 / 2013
Transaction ID : 20681571
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 46
	<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. Sylvia Virbulis		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2013 Transaction ID : 20681588
Mailing Address Piedmont Foot & Ankle Care 316 S. Church St.		Amount of Each Receipt this Period 350.00
City Salisbury	State NC	Zip Code 28144-4930
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Foot & Ankle Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Oscar L. Corral Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2013 Transaction ID : 20681680
Mailing Address 2704 N. 8th St.		Amount of Each Receipt this Period 225.00
City Mcallen	State TX	Zip Code 78501-2068
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Dr. John M. Wray		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2013 Transaction ID : 20685056
Mailing Address 916 Claremont Dr.		Amount of Each Receipt this Period 500.00
City Downers Grove	State IL	Zip Code 60516-3541
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1075.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 46
	<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. Joseph M. Caporusso
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 E. Yellowhammer Ave.
 City McAllen State TX Zip Code 78504-1622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Complete Family Foot 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 Y Y
 01 / 25 / 2013
Transaction ID : 20685057
 Amount of Each Receipt this Period
 1000.00

B. Mr. Randy B. Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4415 Aicholtz Road
 City Cincinnati State OH Zip Code 45245-1506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ruth Ann Cooper, DPM Occupation Assistant
 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
 01 / 28 / 2013
Transaction ID : 20685080
 Amount of Each Receipt this Period
 300.00

C. Dr. Ruth Ann Cooper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4415 Aicholtz Rd. #200
 City Cincinnati State OH Zip Code 45245-5135
 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 ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 20685081
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
	<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. Marshall Roy Feldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Smoke Rise Ln.
 City Bedminster State NJ Zip Code 07921-1873
 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 **01 / 28 / 2013**
Transaction ID : 20685082
 Amount of Each Receipt this Period **300.00**

B. Dr. Mark M. Schilansky
 Full Name (Last, First, Middle Initial)
 Mailing Address 181 Elting Rd.
 City Catskill State NY Zip Code 12414-6731
 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 **01 / 25 / 2013**
Transaction ID : 20685145
 Amount of Each Receipt this Period **500.00**

c. Dr. Douglas A. O'Heir
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Newland Ave.
 City Waterville State ME Zip Code 04901-5332
 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 **01 / 25 / 2013**
Transaction ID : 20685149
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 46
	<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. Jimelle Rumberg Ph.D., CAE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 Drew Ave.
 City Columbus State OH Zip Code 43235-7411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio Podiatric Medical Association Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 20685150
 Amount of Each Receipt this Period
 300.00

B. Dr. Vito J. Rizzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Brentwood Rd.
 City Bay Shore State NY Zip Code 11706-8011
 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
 01 / 25 / 2013
Transaction ID : 20685151
 Amount of Each Receipt this Period
 300.00

c. Dr. Joseph W. Cavuoto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Debbie Ct.
 City Dix Hills State NY Zip Code 11746-5601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 20685152
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46
	<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. Gary F. Stones		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2013 Transaction ID : 20685153
Mailing Address 134 Hayes St.		Amount of Each Receipt this Period 500.00
City Garden City	State NY	Zip Code 11530-1001
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Patrick Kevin Briggs		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2013 Transaction ID : 20686278
Mailing Address 3012 Pittsburgh St.		Amount of Each Receipt this Period 1000.00
City Houston	State TX	Zip Code 77005-3817
FEC ID number of contributing federal political committee. C		
Name of Employer Anchorage Foot & Ankle Specialists	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Jon A. Hultman		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 28 / 2013 Transaction ID : 20686287
Mailing Address 2011 Thayer Ave.		Amount of Each Receipt this Period 500.00
City Los Angeles	State CA	Zip Code 90025-5296
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 46
	<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. James Q. McClelland
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 12th Ave. N.W. #F
 City Ardmore State OK Zip Code 73401-1206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 20686288
 Amount of Each Receipt this Period
 500.00

B. Dr. Toni Jo B. Neal
 Full Name (Last, First, Middle Initial)
 Mailing Address W5234 State Park Ct.
 City Appleton State WI Zip Code 54915-9305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013
Transaction ID : 20686289
 Amount of Each Receipt this Period
 500.00

C. Dr. John D. Ruff
 Full Name (Last, First, Middle Initial)
 Mailing Address 6801 N. Ruff Ln.
 City Peoria State IL Zip Code 61614-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2013
Transaction ID : 20686290
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 46
	<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. Eugene E. Spector
Full Name (Last, First, Middle Initial)

Mailing Address 1291 Crestview Dr.

City San Carlos State CA Zip Code 94070-4237

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 **01 / 25 / 2013**

Transaction ID : 20686291

Amount of Each Receipt this Period **500.00**

B. Dr. Alan S. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 90 Keats Rd.

City Basking Ridge State NJ Zip Code 07920-2616

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 **01 / 28 / 2013**

Transaction ID : 20686292

Amount of Each Receipt this Period **300.00**

C. Dr. Craig J. McLaws
Full Name (Last, First, Middle Initial)

Mailing Address The Foot Care Center
132 N. Gould St.

City Sheridan State WY Zip Code 82801-3055

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

Name of Employer The Foot Care Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **01 / 28 / 2013**

Transaction ID : 20686293

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 34 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Dr. Troy James Boffeli
 Full Name (Last, First, Middle Initial)
 Mailing Address 2648 Town Lake Dr.
 City Woodbury State MN Zip Code 55125-8702
 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
 01 / 28 / 2013
Transaction ID : 20686294
 Amount of Each Receipt this Period
 300.00

B. Dr. Kathleen Toepp Neuhoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 21730 Roosevelt Rd.
 City South Bend State IN Zip Code 46614-9259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Footcare Clinic 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
 01 / 28 / 2013
Transaction ID : 20686295
 Amount of Each Receipt this Period
 300.00

C. Dr. James M. Flynn
 Full Name (Last, First, Middle Initial)
 Mailing Address 10218 Mantle Ct.
 City Oklahoma City State OK Zip Code 73162-4437
 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
 01 / 25 / 2013
Transaction ID : 20686296
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 46
	<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. Rae Louise Lantsberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 6417 S.E. 49th Ave.
 City Portland State OR Zip Code 97206-6914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gresham Foot Clinic 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
 01 / 24 / 2013
Transaction ID : 20686297
 Amount of Each Receipt this Period
 300.00

B. Dr. Alvin J. Kanegis
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Page Ln.
 City Westbury State NY Zip Code 11590-6213
 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
 01 / 26 / 2013
Transaction ID : 20686402
 Amount of Each Receipt this Period
 300.00

C. Dr. Frank A. Spinosa
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1023
 City Shelter Island State NY Zip Code 11964-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2013
Transaction ID : 20686403
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 46
	<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. Michael A. Conway		Date of Receipt M M / D D / Y Y Y Y Y 01 / 26 / 2013 Transaction ID : 20686404
Mailing Address 892 N. Broadway		Amount of Each Receipt this Period 1000.00
City North Massapequa	State NY	Zip Code 11758-2352
FEC ID number of contributing federal political committee. C	Name of Employer Massapequa Foot Care	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Barry H. Block		Date of Receipt M M / D D / Y Y Y Y Y 01 / 26 / 2013 Transaction ID : 20687995
Mailing Address 104-40 Queens Blvd.		Amount of Each Receipt this Period 500.00
City Forest Hills	State NY	Zip Code 11375-8137
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrew Shapiro		Date of Receipt M M / D D / Y Y Y Y Y 01 / 26 / 2013 Transaction ID : 20687998
Mailing Address 172 Lagoon Dr. W.		Amount of Each Receipt this Period 300.00
City Lido Beach	State NY	Zip Code 11561-4916
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).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 46
	<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. Subodh K. Choudhary
Full Name (Last, First, Middle Initial)

Mailing Address 310 Raven Rd.

City Greenville State SC Zip Code 29615-4248

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

Name of Employer Piedmont Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 20688958

Amount of Each Receipt this Period
 1001.00

B. Dr. Atalay M. Sahin
Full Name (Last, First, Middle Initial)

Mailing Address 29 Church St. #14

City East Providence State RI Zip Code 02914-3950

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

Name of Employer Prima CARE, P.C. Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 20688959

Amount of Each Receipt this Period
 500.00

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

Mailing Address 46 Partridge Ln.

City Cherry Hill State NJ Zip Code 08003-1948

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
 01 / 29 / 2013
Transaction ID : 20688961

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1751.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 46
	<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. Christopher A. Seda
Full Name (Last, First, Middle Initial)

Mailing Address 120 Millwyck Rd.

City Lititz State PA Zip Code 17543-9021

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
01 / 29 / 2013

Transaction ID : 20688962

Amount of Each Receipt this Period
300.00

B. Dr. Terry L. Spilken
Full Name (Last, First, Middle Initial)

Mailing Address 115 Riviera Dr.

City Monroe State NJ Zip Code 08831-8907

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2013

Transaction ID : 20688964

Amount of Each Receipt this Period
500.00

C. Dr. Mitchell R. Waskin
Full Name (Last, First, Middle Initial)

Mailing Address 401 Berwickshire Dr.

City Richmond State VA Zip Code 23229-7303

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2013

Transaction ID : 20688969

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 46
	<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. Pamela J. Humpel		Date of Receipt 01 / 30 / 2013 Transaction ID : 20689340
Mailing Address 3646 Aruba Ct.		Amount of Each Receipt this Period 300.00
City Punta Gorda	State FL	Zip Code 33950-8120
FEC ID number of contributing federal political committee. C	Name of Employer Foot & Ankle Centers	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. Thomas V. Johnson		Date of Receipt 01 / 30 / 2013 Transaction ID : 20689341
Mailing Address 289 Main St.		Amount of Each Receipt this Period 500.00
City Suffield	State CT	Zip Code 06078-1332
FEC ID number of contributing federal political committee. C	Name of Employer Podiatry Care	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jason Christopher Miller		Date of Receipt 01 / 30 / 2013 Transaction ID : 20689348
Mailing Address 22999 US Hwy. 59 #264		Amount of Each Receipt this Period 1000.00
City Kingwood	State TX	Zip Code 77339
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 46
	<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. Michael Tritto
Full Name (Last, First, Middle Initial)

Mailing Address 14409 White Tree Pl.

City North Potomac State MD Zip Code 20878-4354

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
01 / 30 / 2013
Transaction ID : 20689349

Amount of Each Receipt this Period
500.00

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

Mailing Address 23373 98th St.

City Salem State WI Zip Code 53168-8924

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
01 / 30 / 2013
Transaction ID : 20689350

Amount of Each Receipt this Period
300.00

C. Dr. Eric K. Riley
Full Name (Last, First, Middle Initial)

Mailing Address 70 Prairie Dr.

City Sterling State IL Zip Code 61081-9691

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
01 / 30 / 2013
Transaction ID : 20689353

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 46
	<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. Leonard Raymond LaRussa		Date of Receipt MM / DD / YYYY 01 / 30 / 2013 Transaction ID : 20689354
Mailing Address 146 Briarwood Cir.		Amount of Each Receipt this Period 300.00
City Americus	State GA	Zip Code 31709-7943
FEC ID number of contributing federal political committee. C	Name of Employer Family Foot & Ankle Center	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Alan Dunkerley		Date of Receipt MM / DD / YYYY 01 / 30 / 2013 Transaction ID : 20689355
Mailing Address Martin Foot & Ankle Center 2003 E. Market St.		Amount of Each Receipt this Period 500.00
City York	State PA	Zip Code 17402-2841
FEC ID number of contributing federal political committee. C	Name of Employer Martin Foot & Ankle Center	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mr. Peter Stein		Date of Receipt MM / DD / YYYY 01 / 30 / 2013 Transaction ID : 20689366
Mailing Address 1164 Silver Beech Road		Amount of Each Receipt this Period 500.00
City Herndon	State VA	Zip Code 20170-2328
FEC ID number of contributing federal political committee. C	Name of Employer American Podiatric Medical Association	Occupation Director of Legislative Advocacy
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).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 46
	<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. Thu K. Van
Full Name (Last, First, Middle Initial)

Mailing Address 18631 Eunice Pl.

City Tustin State CA Zip Code 92780-2441

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

Name of Employer Ambulatory Foot Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 31 / 2013
Transaction ID : 20689399

Amount of Each Receipt this Period
300.00

B. Dr. Richard A. Bronfman
Full Name (Last, First, Middle Initial)

Mailing Address AR Foot & Ankle Clinic
1501 Aldersgate Rd.

City Little Rock State AR Zip Code 72205-6611

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

Name of Employer AR Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 31 / 2013
Transaction ID : 20689400

Amount of Each Receipt this Period
300.00

C. Dr. Scott E. Hughes
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Specialists, PC
1060 N. Monroe St.

City Monroe State MI Zip Code 48162-3113

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
01 / 31 / 2013
Transaction ID : 20689401

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 46
	<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. Ronald G. Cervetti
 Full Name (Last, First, Middle Initial)
 Mailing Address Cedar Valley Podiatry
 4508 Chadwick Rd.
 City Cedar Falls State IA Zip Code 50613-7958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedar Valley Podiatry 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
 01 / 31 / 2013
Transaction ID : 20689403
 Amount of Each Receipt this Period
 300.00

B. Dr. Jay D. Lifshen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5706 Windmier Cir.
 City Dallas State TX Zip Code 75252-5007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S.W. Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 20689404
 Amount of Each Receipt this Period
 1000.00

C. Dr. David P. Sheldon
 Full Name (Last, First, Middle Initial)
 Mailing Address 4001 W. Royal Dr.
 City Traverse City State MI Zip Code 49684-8965
 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
 01 / 31 / 2013
Transaction ID : 20689406
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 46
	<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. Kim A. Halladay
 Full Name (Last, First, Middle Initial)
 Mailing Address 5488 Cricket Ln.
 City Tooele State UT Zip Code 84074-8141
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 20689414
 Amount of Each Receipt this Period
 500.00

B. Dr. Gary M. Kazmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 Blyth Ct.
 City Inverness State IL Zip Code 60010-5630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : 20689415
 Amount of Each Receipt this Period
 300.00

C. Dr. Angela P. Dominique
 Full Name (Last, First, Middle Initial)
 Mailing Address 6244 Dorsett Woods Dr.
 City Mount Olive State AL Zip Code 35117-3644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fultondale Foot 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
 01 / 31 / 2013
Transaction ID : 20691276
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 46
	<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. Alan E. Singer		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2013 Transaction ID : 20691277
Mailing Address 4 Golden Crest Ct.		Amount of Each Receipt this Period 500.00
City Rockville	State MD	Zip Code 20854-2982
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Lynn LeBlanc		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2013 Transaction ID : 20691278
Mailing Address 12 Trevor Ln.		Amount of Each Receipt this Period 500.00
City East Granby	State CT	Zip Code 06026-9667
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Arnold S. Gross		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2013 Transaction ID : 20691279
Mailing Address 5590 Pembroke Crossing		Amount of Each Receipt this Period 500.00
City West Bloomfield	State MI	Zip Code 48322-1791
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 46 OF 46
	<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. Steven B. Hollander		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : 20691280
Mailing Address 10944 Vuelta Merecumbe		Amount of Each Receipt this Period 300.00
City Tucson	State AZ	Zip Code 85730-5834
FEC ID number of contributing federal political committee. C		
Name of Employer Steven B. Hollander, DPM, LLC	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. Jane Ann Koch		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : 20691281
Mailing Address 5411 S. Stonewood Dr.		Amount of Each Receipt this Period 250.00
City Mount Vernon	State IN	Zip Code 47620-9688
FEC ID number of contributing federal political committee. C		
Name of Employer First Podiatry	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kimberly Marie Eickmeier		Date of Receipt MM / DD / YYYY 01 / 31 / 2013 Transaction ID : 20691302
Mailing Address 4701 Brittany Trail Dr.		Amount of Each Receipt this Period 1000.00
City Champaign	State IL	Zip Code 61822-3549
FEC ID number of contributing federal political committee. C		
Name of Employer Christie Clinic Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	66878.00