

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER C C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2014 through 08 / 31 / 2014

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

Signature of Treasurer Dr. Randy K. Kaplan [Electronically Filed] Date 09 / 19 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		494355.15
(b) Cash on Hand at Beginning of Reporting Period.....	555149.65	
(c) Total Receipts (from Line 19)	8463.00	335757.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	563612.65	830112.65
7. Total Disbursements (from Line 31).....	56000.00	322500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	507612.65	507612.65
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).....	4331.00	219316.00
(ii) Unitemized	4132.00	111441.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8463.00	330757.50
(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)	8463.00	330757.50
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	5000.00
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))..... ▶	8463.00	335757.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8463.00	335757.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56000.00	322500.00
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)) ..	56000.00	322500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56000.00	322500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	8463.00	330757.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8463.00	330757.50
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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Joseph Gregory Stilwell
Full Name (Last, First, Middle Initial)

Mailing Address 46 Danielle Cir.

City Durango State CO Zip Code 81301

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

Name of Employer Stilwell Foot & Ankle Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 01 / 2014
Transaction ID : A975A9C6B654A4D19BBC

Amount of Each Receipt this Period 150.00

B. Dr. William H. Dabdoub
Full Name (Last, First, Middle Initial)

Mailing Address 108A Smart Pl.

City Slidell State LA Zip Code 70458

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 ▼ 1750.00

Date of Receipt 08 / 06 / 2014
Transaction ID : ACAF0F5A6B97D4F62907

Amount of Each Receipt this Period 150.00

C. Dr. Bradley B. Copple
Full Name (Last, First, Middle Initial)

Mailing Address 114 S. 93rd St.

City Omaha State NE Zip Code 68114

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

Name of Employer Miller Orthopedics Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2014
Transaction ID : A137E8673FD3544B5989

Amount of Each Receipt this Period 500.00

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

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

A. Dr. Richard Andrew Leichter
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Maple Ave. #3B
 City Red Bank State NJ Zip Code 07701
 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 **08 / 13 / 2014**
Transaction ID : A1382972126FB470F9DE
 Amount of Each Receipt this Period **150.00**

B. Dr. Kirk Eliel Woelffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Raleigh Foot Center P.O. Box 98209
 City Raleigh State NC Zip Code 27624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 13 / 2014**
Transaction ID : A32456F81F9D94BCEA43
 Amount of Each Receipt this Period **50.00**

C. Dr. Mark Andrew Lambert
 Full Name (Last, First, Middle Initial)
 Mailing Address Pensacola Foot & Ankle Center 4850 N. 9th Ave.
 City Pensacola State FL Zip Code 32503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pensacola Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 17 / 2014**
Transaction ID : A9C1145F1F0EB4554AB8
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	300.00
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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. H. F. Brown III		Date of Receipt 08 / 19 / 2014 Transaction ID : AD0C395D3E7034C9D915
Mailing Address 2001 Georgia Ave.		Amount of Each Receipt this Period 50.00
City Little Rock	State AR	Zip Code 72207
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Tyson E. Green		Date of Receipt 08 / 20 / 2014 Transaction ID : AEC892D903C9542EA57
Mailing Address 1747 Imperial Blvd.		Amount of Each Receipt this Period 100.00
City Lake Charles	State LA	Zip Code 70605
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 ▼ 1200.00	

Full Name (Last, First, Middle Initial) c. Dr. Gary S. Saphire		Date of Receipt 08 / 20 / 2014 Transaction ID : A96BEF4B35FDB47728B9
Mailing Address 248 Avenue P		Amount of Each Receipt this Period 85.00
City Brooklyn	State NY	Zip Code 11204-4934
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 ▼ 595.00	

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 20
	<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. Ingrid M. Stines
 Full Name (Last, First, Middle Initial)
 Mailing Address 3955 Patient Care Way
 City Lansing State MI Zip Code 48911-4299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 20 / 2014
Transaction ID : AD1A1C007BF654031ADD
 Amount of Each Receipt this Period
 46.00

B. Dr. Terrence Klamet
 Full Name (Last, First, Middle Initial)
 Mailing Address MO Foot Care Centers, Inc.
 1705 Christy Dr. #209
 City Jefferson City State MO Zip Code 65101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2014
Transaction ID : A143A180DF0C949EBA39
 Amount of Each Receipt this Period
 500.00

c. Dr. Robert J. Lenfestey Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Piedmont Foot & Ankle Clinic
 103 Parkway Office Ct. #100
 City Cary State NC Zip Code 27518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Foot & Ankle Clinic
 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
 08 / 21 / 2014
Transaction ID : A346F92C8AE224A2285E
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	796.00
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 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gregory W. Bryan		Date of Receipt MM / DD / YYYY 08 / 25 / 2014 Transaction ID : AD51AF9C981E64CE8A80
Mailing Address Ark LA Tex Foot Specialists, LLC 385 Bert Kouns #200		Amount of Each Receipt this Period 100.00
City Shreveport	State LA	Zip Code 71106
FEC ID number of contributing federal political committee. C		
Name of Employer Ark LA TexFoot Specialists, LLC	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Dr. Philip Wayne Holloway		Date of Receipt MM / DD / YYYY 08 / 25 / 2014 Transaction ID : A19ABB300D0374910855
Mailing Address 727 E. Court St.		Amount of Each Receipt this Period 50.00
City Paris	State IL	Zip Code 61944
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Jason W. Rockwood		Date of Receipt MM / DD / YYYY 08 / 25 / 2014 Transaction ID : A4568215527B449F7BFC
Mailing Address Foot & Ankle Associates, Inc. 2019 Galisteo St. #K		Amount of Each Receipt this Period 50.00
City Santa Fe	State NM	Zip Code 87505
FEC ID number of contributing federal political committee. C		
Name of Employer Glacier Foot & Ankle Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Craig H. Thomajan

Full Name (Last, First, Middle Initial)
Mailing Address Austin Foot & Ankle Specialists
5000 Bee Cave Rd. #202

City Austin State TX Zip Code 78746

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

Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
08 / 26 / 2014
Transaction ID : A95C56E47AAE34CC7827

Amount of Each Receipt this Period
100.00

B. Dr. Bradley Don Beasley

Full Name (Last, First, Middle Initial)
Mailing Address Restoration Foot & Ankle, PLLC
12455 E. 100th St. N. #290

City Owasso State OK Zip Code 74055

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

Name of Employer Restoration Foot & Ankle, PLLC Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 27 / 2014
Transaction ID : A20A26B1E38BB4E09B58

Amount of Each Receipt this Period
300.00

c. Dr. Charles P. Chapel

Full Name (Last, First, Middle Initial)
Mailing Address 12084 Cortez Blvd.

City Brooksville State FL Zip Code 34613

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
08 / 28 / 2014
Transaction ID : A40F4607F5091460489B

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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. Jonathan E. Moore		Date of Receipt 08 / 28 / 2014 Transaction ID : A39D9C7B2F43143F7B65
Mailing Address Cumberland Foot & Ankle Center 117 Tradepark Dr.		Amount of Each Receipt this Period 500.00
City Somerset	State KY	
Zip Code 42503	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 500.00
Name of Employer Cumberland Foot & Ankle Center	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. Daniel F. Ryan		Date of Receipt 08 / 28 / 2014 Transaction ID : A5D0A3AF5160A40FFAED
Mailing Address Brainerd Medical Center, P.A. 2024 S. 6th St.		Amount of Each Receipt this Period 300.00
City Brainerd	State MN	
Zip Code 56401	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 300.00
Name of Employer Brainerd Medical Center, P.A.	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. Johnnie L. Alston		Date of Receipt 08 / 29 / 2014 Transaction ID : A1644BD25F62C4DB8A63
Mailing Address Institute for Advanced Wound Care 2167 Normandie Dr.		Amount of Each Receipt this Period 250.00
City Montgomery	State AL	
Zip Code 36111	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 875.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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. Brandon Ray Gumbiner
Full Name (Last, First, Middle Initial)

Mailing Address **KSB Foot & Ankle Center**
215 E. 1st St. #301

City **Dixon** State **IL** Zip Code **61021**

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

Name of Employer **Self-Employed** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
08 / 29 / 2014

Transaction ID : AE6BA67EDF22D47E182B

Amount of Each Receipt this Period
100.00

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

Mailing Address **11110 Medical Campus Rd. #100**

City **Hagerstown** State **MD** Zip Code **21742**

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
08 / 29 / 2014

Transaction ID : A88B39E2F915240DAA7A

Amount of Each Receipt this Period
300.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	4331.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Braley for Iowa

Mailing Address c/o 4c Partners LLC
501 3rd St, NW, Suite 210

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : B3B080A75A8BF4C14ACE

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Diana Degette For Congress

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

Candidate Name

Rep. Diana L. DeGette

Office Sought: House Senate President
State: CO District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : B463D40CD0DFA4F32AA7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Duckworth For Congress

Mailing Address P.O. Box 59568

City Schaumburg State IL Zip Code 60159

Purpose of Disbursement

Candidate Name

Rep. Tammy Duckworth

Office Sought: House Senate President
State: IL District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : B15F937BD89B040F1A83

Amount of Each Disbursement this Period

1500.00

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

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leadership Today and Tomorrow PAC

Mailing Address 9869 Easton Drive

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
LPAC Contribution 2014

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : BFB1A2C38CABB4120ACC

Amount of Each Disbursement this Period

5000.00

B. Mark Pocan For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 309 N Baldwin St

City Madison State WI Zip Code 53703

Purpose of Disbursement

Candidate Name

Rep. Mark Pocan

Office Sought: House Senate President

State: WI District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : BD78EE76CFD3A471EACA

Amount of Each Disbursement this Period

1500.00

C. Michael Burgess For Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Rep. Michael C. Burgess

Office Sought: House Senate President

State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : BC2185E8A293A4AA08F7

Amount of Each Disbursement this Period

5000.00

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

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

11500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. QUIGLEY FOR CONGRESS

Mailing Address PO BOX 13040

City State Zip Code
CHICAGO IL 60613

Purpose of Disbursement

Candidate Name

Rep. Mike Quigley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : BF79DECDF858A42A8963

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Rangel for Congress

Mailing Address PO Box 5577
Manhattanville Station

City State Zip Code
New York NY 10027

Purpose of Disbursement

Candidate Name

Rep. Charles B. Rangel

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 13

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2014

Transaction ID : B7889F57908564229919

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Becerra for Congress

Mailing Address P.O. Box 261060

City State Zip Code
Los Angeles CA 90026

Purpose of Disbursement

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2014

Transaction ID : B3A25D50B47F246F8AB9

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Individuals Dedicated to Ethics and Science PAC

Mailing Address PO Box 40725

City State Zip Code
Denver CO 80204

Purpose of Disbursement
2014 Leadership PAC Contribution - DeGette

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Other2014**

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2014

Transaction ID : B79A0FB2BF7D0410BB43

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ken Calvert For Congress Committee

Mailing Address PO Box 20123

City State Zip Code
Riverside CA 92516

Purpose of Disbursement

Candidate Name

Rep. Ken Calvert

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **General**

State: CA District: 42

Date of Disbursement

MM / DD / YYYY
08 / 08 / 2014

Transaction ID : BA2C2F9D0DC4048878ED

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Benishek For Congress, Inc.

Mailing Address PO Box 2012

City State Zip Code
Kingsford MI 49802

Purpose of Disbursement

Candidate Name

Rep. Dan J. Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **General**

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : BBF66F98AF8C3400B84E

Amount of Each Disbursement this Period

1500.00

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

8000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

A. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) Other2014

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : B37854217551448F2B57

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Langevin For Congress

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Candidate Name

Rep. Jim R. Langevin

Office Sought: House Senate President

State: RI District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : BFDD2F45B11D24220A42

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lobiondo For Congress

Mailing Address P.O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement

Candidate Name

Rep. Frank A. LoBiondo

Office Sought: House Senate President

State: NJ District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2014

Transaction ID : B9A27DD4CB6134B7199A

Amount of Each Disbursement this Period

1500.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ruben Hinojosa For Congress

Mailing Address 502 North 11th Street

City Mcallen State TX Zip Code 78501

Purpose of Disbursement

Candidate Name
Rep. Ruben E. Hinojosa

Office Sought: House
 Senate
 President
State: TX District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : **B0F50D3698D6441EEBBA**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement

Candidate Name
Sen. John Cornyn III

Office Sought: House
 Senate
 President
State: TX District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 14 / 2014

Transaction ID : **B5234B70FB8FE43C091A**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2014

Transaction ID : **BCCE7CC0CAB434055886**

Amount of Each Disbursement this Period

5000.00

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

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

8500.00

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

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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Courtney For Congress

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement

Candidate Name

Rep. Joe Courtney

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2014

Transaction ID : B27C91F38BF6947AA906

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

4000.00

56000.00
