

**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.....	492345.65	
(c) Total Receipts (from Line 19)	14909.50	441819.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	507255.15	682285.15
7. Total Disbursements (from Line 31).....	13000.00	187930.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	494255.15	494355.15
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

FEC Form 3X (Rev. 06/2004)

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).....	7002.50	283521.50
(ii) Unitemized	7907.00	152297.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	14909.50	435819.49
(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)	14909.50	435819.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14909.50	441819.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14909.50	441819.49

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.....	13000.00	187000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	930.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	930.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13000.00	187930.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	187930.00

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)	14909.50	435819.49
34. Total Contribution Refunds (from Line 28(d))	0.00	930.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14909.50	434889.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 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. Theodore Andrew Buccilli Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4403 Clover Dr.
 City Ravenna State OH Zip Code 44266-8636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEO Foot & Ankle Surgical Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : 21277273
 Amount of Each Receipt this Period
 100.00

B. Dr. Peter E. Schaffer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6020 Revere Pl.
 City Bloomfield Hills State MI Zip Code 48301-1771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Birmingham FootCare Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : 21277274
 Amount of Each Receipt this Period
 25.00

C. Dr. Kelvin H. Nguyen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8672 Bermuda Ave.
 City Westminster State CA Zip Code 92683-7260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2013
Transaction ID : 21277288
 Amount of Each Receipt this Period
 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Dana Lavian
Full Name (Last, First, Middle Initial)

Mailing Address 2199 Stratford Cir.

City	State	Zip Code
Los Angeles	CA	90077-1319

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
12	/	02	/	2013

Transaction ID : 21295111

Amount of Each Receipt this Period

100.00

B. Dr. Diana E. Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 1401 N.E. 9th St. #37

City	State	Zip Code
Fort Lauderdale	FL	33304-4412

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 ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2013

Transaction ID : 21295396

Amount of Each Receipt this Period

20.00

C. Dr. James Robert Shipley
Full Name (Last, First, Middle Initial)

Mailing Address 479 Laurelyn Dr.

City	State	Zip Code
Mount Airy	NC	27030-7486

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

Transaction ID : 21300148

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	145.00
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 8 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Michael William DeGere
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 DeNeveu Cir.
 City State Zip Code
 Fond Du Lac WI 54935-5457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Family Foot Clinic 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
 12 / 05 / 2013
Transaction ID : 21300219
 Amount of Each Receipt this Period
 150.00

B. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City State Zip Code
 Slidell LA 70461-5034
 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 ▼
 2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : 21300769
 Amount of Each Receipt this Period
 150.00

C. Dr. Malcolm Derek Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Overlook Rd.
 City State Zip Code
 Ponca City OK 74604-7331
 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 Y Y
 12 / 06 / 2013
Transaction ID : 21301163
 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 9 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Steven E. Black
 Full Name (Last, First, Middle Initial)
 Mailing Address 22855 Sparrowdell Dr.
 City Calabasas State CA Zip Code 91302-1820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2013
Transaction ID : 21301896
 Amount of Each Receipt this Period
50.00

B. Dr. Gregory W. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address Ark LA Tex Foot Specialists, LLC
 385 Bert Kouns #200
 City Shreveport State LA Zip Code 71106-8158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Ark LA TexFoot Specialists, LLC 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
 12 / 12 / 2013
Transaction ID : 21304596
 Amount of Each Receipt this Period
100.00

c. Dr. Bryan Kent Broadbent
 Full Name (Last, First, Middle Initial)
 Mailing Address 8414 N.E. 88th Ct.
 City Vancouver State WA Zip Code 98662-2459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation Oregon Foot Clinic 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
 12 / 13 / 2013
Transaction ID : 21307928
 Amount of Each Receipt this Period
150.00

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: PAGE 10 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Michele Nicole Kurlanski
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Woodside Dr.
 City Cumberland Center State ME Zip Code 04021-4019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 21311036
 Amount of Each Receipt this Period
 150.00

B. Dr. Robert Frimmel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3527 Palonia Ct.
 City Sarasota State FL Zip Code 34239-5929
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sarasota Footcare Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : 21311043
 Amount of Each Receipt this Period
 25.00

C. Dr. Steve R. Feller
 Full Name (Last, First, Middle Initial)
 Mailing Address 7507 Custer Rd. W.
 City Tacoma State WA Zip Code 98499-8138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2013
Transaction ID : 21315444
 Amount of Each Receipt this Period
 50.00

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

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

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

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

A. Dr. Bryan Calvo
Full Name (Last, First, Middle Initial)

Mailing Address 5661 S.W. 165th Ct.

City Miami	State FL	Zip Code 33193-4490
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : 21315445

Amount of Each Receipt this Period

30.00

B. Dr. Phillip E. Ward
Full Name (Last, First, Middle Initial)

Mailing Address 2321 Timberlane Dr.

City Florence	State SC	Zip Code 29506-8338
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Health Care	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
12	/	17	/	2013

Transaction ID : 21315673

Amount of Each Receipt this Period

250.00

C. Dr. Kim A. Halladay
Full Name (Last, First, Middle Initial)

Mailing Address 5488 Cricket Ln.

City Tooele	State UT	Zip Code 84074-8141
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tooele Foot Clinic	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : 21315677

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Sandra R. Sheehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2564 Dobbin Holmes Rd.
 City Eastover State NC Zip Code 28312-8124
 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
 12 / 18 / 2013
Transaction ID : 21318207
 Amount of Each Receipt this Period
 300.00

B. Dr. Robert J. Warkala
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Harrowgate Dr.
 City Cherry Hill State NJ Zip Code 08003-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013
Transaction ID : 21321046
 Amount of Each Receipt this Period
 100.00

c. Dr. Jared T. Clegg
 Full Name (Last, First, Middle Initial)
 Mailing Address 1411 W. 1050 N.
 City Provo State UT Zip Code 84604-3025
 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 ▼ 207.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013
Transaction ID : 21321047
 Amount of Each Receipt this Period
 17.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 417.50
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 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 L. Gerber
 Full Name (Last, First, Middle Initial)
 Mailing Address 474 Beverly Island Dr.
 City Waterford State MI Zip Code 48328-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2013
Transaction ID : 21321048
 Amount of Each Receipt this Period
 25.00

B. Dr. Joseph S. Borreggine
 Full Name (Last, First, Middle Initial)
 Mailing Address 924 Hawthorne Drive
 City Charleston State IL Zip Code 61920-8260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Touching Ground Podiatry, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2013
Transaction ID : 21321056
 Amount of Each Receipt this Period
 125.00

C. Dr. David G. Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 1651 Saddle Hill Dr.
 City Logan State UT Zip Code 84321-4828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **990.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2013
Transaction ID : 21321057
 Amount of Each Receipt this Period
 90.00

SUBTOTAL of Receipts This Page (optional).....	240.00
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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Robert J. Lenfestey Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Birklands Dr.
 City Cary State NC Zip Code 27518-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2013
Transaction ID : 21321063
 Amount of Each Receipt this Period
100.00

B. Dr. Aniello Scotti Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Three Pond Rd.
 City Smithtown State NY Zip Code 11787-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 12 / 23 / 2013
Transaction ID : 21321064
 Amount of Each Receipt this Period
25.00

C. Dr. Liana G. Seldin
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Meridian Ave. #10
 City Miami Beach State FL Zip Code 33139-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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
 12 / 23 / 2013
Transaction ID : 21321065
 Amount of Each Receipt this Period
25.00

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

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

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

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

A. Dr. Andrew J. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address 4326 Sarong Dr.

City Houston State TX Zip Code 77096-4425

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

Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt 12 / 23 / 2013
Transaction ID : 21321066

Amount of Each Receipt this Period 85.00

B. Dr. Jason W. Rockwood
Full Name (Last, First, Middle Initial)

Mailing Address 3 Autumn Light Pl.

City Santa Fe State NM Zip Code 87508-1334

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

Name of Employer Glacier Foot & Ankle Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2013
Transaction ID : 21321067

Amount of Each Receipt this Period 50.00

C. Dr. Benjamin W. Weaver
Full Name (Last, First, Middle Initial)

Mailing Address Central KS Podiatry Associates
2081 N. Webb Rd.

City Wichita State KS Zip Code 67206-3411

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

Name of Employer Central KS Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 23 / 2013
Transaction ID : 21321068

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00

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 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Deborah Behre
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 Logger Ct. S.E.
 City Olympia State WA Zip Code 98503-6722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 24 / 2013
Transaction ID : 21321650
 Amount of Each Receipt this Period
 25.00

B. Dr. Animesh S. Bhatia
 Full Name (Last, First, Middle Initial)
 Mailing Address 4561 Neiswander Sq.
 City New Albany State OH Zip Code 43054-9642
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 25 / 2013
Transaction ID : 21321682
 Amount of Each Receipt this Period
 250.00

C. Dr. John P. Beaupied
 Full Name (Last, First, Middle Initial)
 Mailing Address 2142 W. Summerdale Ave.
 City Chicago State IL Zip Code 60625-1115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Palos Podiatry Group Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 25 / 2013
Transaction ID : 21321695
 Amount of Each Receipt this Period
 25.00

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 19 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Phillip Wayne Holloway
 Full Name (Last, First, Middle Initial)
 Mailing Address 2814 Berry St.
 City Paris State IL Zip Code 61944-6832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2013
Transaction ID : 21321696
 Amount of Each Receipt this Period
50.00

B. Dr. Eveleigh E. Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 3649 State St.
 City Crete State IL Zip Code 60417-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Pain Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2013
Transaction ID : 21321697
 Amount of Each Receipt this Period
25.00

C. Dr. Joseph Christopher Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Philadelphia Ave.
 City Shillington State PA Zip Code 19607-2769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2013
Transaction ID : 21321698
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **100.00**
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 20 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Holly A. Spohn-Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 6425 Lynch Canyon Dr.
 City Lake Isabella State CA Zip Code 93240-9726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rural Health Clinic/Kern Valley Hosp. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2013
Transaction ID : 21321704
 Amount of Each Receipt this Period
 50.00

B. Dr. Jared T. Clifford
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 6th St.
 City Prosser State WA Zip Code 99350-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mt. Adams Surgical Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : 21324432
 Amount of Each Receipt this Period
 20.00

C. Dr. Kirk Eliel Woelffer
 Full Name (Last, First, Middle Initial)
 Mailing Address Raleigh Foot Center P.O. Box 98209
 City Raleigh State NC Zip Code 27624-8209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Raleigh Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : 21326776
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Zahid A. Ladha
 Full Name (Last, First, Middle Initial)
 Mailing Address 3544 Marquis Ct.
 City State Zip Code
 Floyds Knobs IN 47119-9766
 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 ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : 21326777
 Amount of Each Receipt this Period
 250.00

B. Dr. Samuel Stuart Woociker
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Warrior Trl.
 City State Zip Code
 Enterprise FL 32725-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Orlando Foot&Ankle Clinic Physicians Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : 21326778
 Amount of Each Receipt this Period
 50.00

C. Dr. Laurence I. Dorman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12450 S.W. 98th Ct.
 City State Zip Code
 Miami FL 33176-4953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Florida Foot and Ankle Associates, LLC Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : 21326779
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jeffery H. Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address Midwest Podiatry Services
 610 S. Maple Ave. #2550
 City Oak Park State IL Zip Code 60304-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Podiatry Services Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : 21326780
 Amount of Each Receipt this Period
 25.00

B. Dr. Steven E. Damon
 Full Name (Last, First, Middle Initial)
 Mailing Address 399 N. Main St.
 City Suffield State CT Zip Code 06078-1839
 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
 12 / 31 / 2013
Transaction ID : 21328564
 Amount of Each Receipt this Period
 300.00

C. Dr. Horst P. Knapp
 Full Name (Last, First, Middle Initial)
 Mailing Address 2612 Geiberger Dr.
 City Plano State TX Zip Code 75025-5167
 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
 12 / 31 / 2013
Transaction ID : 21341608
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 23 OF 26
	(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. Lawrence R. Hufford
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 Main St.
 City Hamilton State OH Zip Code 45013-3137
 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
 12 / 31 / 2013
Transaction ID : 21341609
 Amount of Each Receipt this Period
 300.00

B. Dr. Jimmy W. Downing
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 Tanners Ln.
 City Earlysville State VA Zip Code 22936-9679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 21376976
 Amount of Each Receipt this Period
 100.00

c. Dr. Christopher A. Staehling
 Full Name (Last, First, Middle Initial)
 Mailing Address 3324 N. Halsted St.
 City Chicago State IL Zip Code 60657-2413
 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
 12 / 31 / 2013
Transaction ID : 21386179
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Mark O. Ellis
Full Name (Last, First, Middle Initial)

Mailing Address 1166 11th St.

City Astoria State OR Zip Code 97103-4138

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 31 / 2013
Transaction ID : 4644587

Amount of Each Receipt this Period
300.00

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

Mailing Address 2759 Elizabeth Lake Rd. #101

City Waterford State MI Zip Code 48328-3214

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 31 / 2013
Transaction ID : 4645269

Amount of Each Receipt this Period
500.00

C. Dr. Angela Pinkston-Ayson
Full Name (Last, First, Middle Initial)

Mailing Address 5504 S. 44th St.

City Rogers State AR Zip Code 72758-8305

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 31 / 2013
Transaction ID : 4649337

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).....▶	7002.50

**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. Ryan For Congress

Mailing Address P. O. Box 1488

City State Zip Code
Janesville WI 53547-1488

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Paul D. Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 21295810

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Capito For West Virginia

Mailing Address PO Box 11519

City State Zip Code
Charleston WV 25339

Purpose of Disbursement

011

Category/
Type

Candidate Name

Shelley Capito

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 21295812

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Earl Blumenauer

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 21295813

Amount of Each Disbursement this Period

5000.00

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARSHA PAC

Mailing Address 499 S Capitol St SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

MARSHA PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 17 / 2013

Transaction ID : 21315672

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Kurt Schrader

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : 21319440

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2000.00

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

13000.00