

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) X

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 10 / 16 / 2014 through 11 / 24 / 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 06 / 18 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="494355.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="508170.65"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33797.20"/>	<input type="text" value="388112.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="541967.85"/>	<input type="text" value="882467.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="249000.00"/>	<input type="text" value="589500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="292967.85"/>	<input type="text" value="292967.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	17588.00	244060.00
(ii) Unitemized .....	16209.20	136552.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33797.20	380612.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	33797.20	380612.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33797.20	388112.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33797.20	388112.70

**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.....	249000.00	589500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	249000.00	589500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	249000.00	589500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33797.20	380612.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33797.20	380612.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 63
	<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. Rusty Lee Cain**  
Full Name (Last, First, Middle Initial)

Mailing Address Doctors Foot Center  
1228 Country Club Rd.

City Fairmont State WV Zip Code 26554-2369

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

Name of Employer Doctors Foot Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 16 / 2014  
**Transaction ID : ADFAEA19BBE74499FA10**

Amount of Each Receipt this Period  
300.00

**B. Dr. W. Ryan Meredith IV**  
Full Name (Last, First, Middle Initial)

Mailing Address Gaston Foot & Ankle Associates  
251 Wilmot Dr.

City Gastonia State NC Zip Code 28054-4048

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

Name of Employer Gaston Foot & Ankle Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 16 / 2014  
**Transaction ID : A564830EBA1184F74B2D**

Amount of Each Receipt this Period  
300.00

**C. Dr. Robert Frimmel**  
Full Name (Last, First, Middle Initial)

Mailing Address Sarasota Footcare Center  
1921 Waldemere St. #106

City Sarasota State FL Zip Code 34239

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 ▼ 250.00

Date of Receipt  
10 / 17 / 2014  
**Transaction ID : ABFDC6785192E4E7A821**

Amount of Each Receipt this Period  
25.00

**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: (check only one)	PAGE 7 OF 63
	<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. 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 32503-2407

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 ▼  
1000.00

Date of Receipt  
10 / 17 / 2014  
Transaction ID : **A9DCD27748D6E40A78D4**

Amount of Each Receipt this Period  
100.00

**B. Dr. Jason L. Seiter**  
Full Name (Last, First, Middle Initial)

Mailing Address 6224 Gordon Ln.

City Fort Smith State AR Zip Code 72903-2633

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  
10 / 17 / 2014  
Transaction ID : **A1042FAAD5F554C4BBB8**

Amount of Each Receipt this Period  
300.00

**C. Dr. H. F. Brown III**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001 Georgia Ave.

City Little Rock State AR Zip Code 72207-5014

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  
10 / 19 / 2014  
Transaction ID : **A64AD4DC1CB444D92B67**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 63
	<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	

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. Renee L. Mackey**  
Full Name (Last, First, Middle Initial)

Mailing Address Northeast Ohio Medical Associates  
2640 W. Market St. #301

City Fairlawn State OH Zip Code 44333

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 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  
10 / 19 / 2014

**Transaction ID : A7CC24E799508474D9C3**

Amount of Each Receipt this Period  
250.00

**B. Dr. Tyson E. Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 4213 Maidstone Dr.

City Lake Charles State LA Zip Code 70605-4033

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 ▼  
1400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : AD101E3A41ECF490A990**

Amount of Each Receipt this Period  
100.00

**c. Dr. Gary S. Saphire**  
Full Name (Last, First, Middle Initial)

Mailing Address 248 Avenue P

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : A3A986D9F74DC433EBCF**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 63
	<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. 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 **368.00**

Date of Receipt **10 / 20 / 2014**  
**Transaction ID : A214A1391F6D1490D87D**  
 Amount of Each Receipt this Period **46.00**

**B. Dr. Charles P. Chapel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12084 Cortez Blvd.  
 City Brooksville State FL Zip Code 34613-7371  
 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 **10 / 21 / 2014**  
**Transaction ID : A296373E41D7B458A98E**  
 Amount of Each Receipt this Period **150.00**

**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)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **10 / 21 / 2014**  
**Transaction ID : A12E80DEFA35B4D7CB20**  
 Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **396.00**  
**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 63
	<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. Gina Lynn Ruesch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1203 Bay Cove

City White Bear Lake State MN Zip Code 55110-6757

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 10 / 21 / 2014  
**Transaction ID : AD80A6B8B7712477F8D6**

Amount of Each Receipt this Period 250.00

**B. Dr. Francis J. Bean**  
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Center  
1001 Hadley Rd.

City Mooresville State IN Zip Code 46158

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

Name of Employer Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 24 / 2014  
**Transaction ID : A9F91AE019FD94FB78FC**

Amount of Each Receipt this Period 300.00

**C. Dr. Patricia A. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Terre Coupe St.

City Buchanan State MI Zip Code 49107-1029

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 10 / 24 / 2014  
**Transaction ID : A2169EE7C401241FDBD8**

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 11 OF 63
	<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. Bradley Dewayne Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2429 Sunup Dr.  
 City Clinton State OK Zip Code 73601-2905  
 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  
 10 / 24 / 2014  
**Transaction ID : ADDFAD8128B234CB0A40**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Mark H. Schlichter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Lakeview Ct.  
 City Pittsboro State IN Zip Code 46167-9457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chapel Hill Foot & Ankle Care  
 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  
 10 / 24 / 2014  
**Transaction ID : A5DF52691818E441EB42**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Michael K. Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1126 S.W. 89th St.  
 City Oklahoma City State OK Zip Code 73139-9104  
 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  
 10 / 24 / 2014  
**Transaction ID : A0173435A2E2840CEA64**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 63
	<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	

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. John P. Beaupied**  
Full Name (Last, First, Middle Initial)

Mailing Address The Palos Podiatry Group  
6420 W. 127th St. #105

City Palos Heights State IL Zip Code 60463-2297

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

Name of Employer The Palos Podiatry Group Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 29 / 2014  
**Transaction ID : AFEB49090AD3740A4937**

Amount of Each Receipt this Period  
250.00

**B. 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 Self Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
10 / 29 / 2014  
**Transaction ID : A89E69A87AE2340F2A2F**

Amount of Each Receipt this Period  
25.00

**c. 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

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

Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
10 / 29 / 2014  
**Transaction ID : AAC43ED1C51474C3EBD1**

Amount of Each Receipt this Period  
100.00

**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 13 OF 63
	<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	

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. Michael L. Gerber**  
Full Name (Last, First, Middle Initial)

Mailing Address 41400 Dequindre Rd. #100

City Sterling Heights	State MI	Zip Code 48314-3751
--------------------------	-------------	------------------------

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
10	/	29	/	2014

**Transaction ID : A10C3F2A5B4594B37ADB**

Amount of Each Receipt this Period  
250.00

**B. Dr. Philip Wayne Holloway**  
Full Name (Last, First, Middle Initial)

Mailing Address 727 E. Court St.

City Paris	State IL	Zip Code 61944-2460
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

**Transaction ID : A7E27F6658E434F78A32**

Amount of Each Receipt this Period  
50.00

**C. Dr. David R. Kirlin**  
Full Name (Last, First, Middle Initial)

Mailing Address Gaston Foot & Ankle Associates  
251 Wilmot Dr.

City Gastonia	State NC	Zip Code 28054-4048
------------------	-------------	------------------------

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

Name of Employer Gaston Foot & Ankle Associates	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
10	/	29	/	2014

**Transaction ID : AEBAAA4F329DB493DA60**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 63
	<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. 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) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 29 / 2014  
**Transaction ID : AC441D6C2B5D5455D96A**

Amount of Each Receipt this Period 5000.00

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

Mailing Address Foot & Ankle Associates, Inc.  
2019 Galisteo St. #K

City Santa Fe State NM Zip Code 87505-2159

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 ▼ 500.00

Date of Receipt 10 / 29 / 2014  
**Transaction ID : AEA60C3412ED540C095B**

Amount of Each Receipt this Period 50.00

**c. Dr. Holly A. Spohn-Gross**  
Full Name (Last, First, Middle Initial)

Mailing Address 6425 Lynch Canyon Dr.

City Lake Isabella State CA Zip Code 93240-9726

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

Name of Employer Rural Health Clinic/Kern Valley Hosp. Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2014  
**Transaction ID : A99E802E2E0184E19A67**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5100.00

**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 63
	<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	

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. Michael B. Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 68th Pl.

City Kenosha State WI Zip Code 53143-5137

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  
10 / 29 / 2014  
**Transaction ID : A1468E72B3693492E8A3**

Amount of Each Receipt this Period  
125.00

**B. 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 ▼ 225.00

Date of Receipt  
10 / 29 / 2014  
**Transaction ID : A7506592E6E53436D871**

Amount of Each Receipt this Period  
25.00

**C. Dr. David M. Kaufmann**  
Full Name (Last, First, Middle Initial)

Mailing Address Dartmouth Hitchcock Clinic  
2300 Southwood Dr.

City Nashua State NH Zip Code 03063-1818

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

Name of Employer Dartmouth Hitchcock Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
10 / 31 / 2014  
**Transaction ID : A039B4F4C2E6D4D49915**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. John W. Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 702 E. McCarty St.  
 City Sandersville State GA Zip Code 31082-4777  
 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 **10 / 31 / 2014**  
**Transaction ID : ABDF707D13050428DAD2**  
 Amount of Each Receipt this Period **100.00**

**B. Dr. Daniel F. Byrd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Blue Mountain Foot Specialists  
 714 S.W. Dorion Ave.  
 City Pendleton State OR Zip Code 97801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blue Mountain Foot Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **11 / 05 / 2014**  
**Transaction ID : A43C2AE308EFA4350BF8**  
 Amount of Each Receipt this Period **150.00**

**C. Dr. Christopher James Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Acorn Dr.  
 City Oklahoma City State OK Zip Code 73151-9506  
 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 **11 / 05 / 2014**  
**Transaction ID : A4A2B1C4EEEF74CAE8DA**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **500.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 63
	(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

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. Lyndon G. Johansen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12658 S.E. Stark St.  
 City Portland State OR Zip Code 97233-1058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
 11 / 05 / 2014  
**Transaction ID : A6830E4BE4C19484997C**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Kessa Mauras**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Mt. Hood Podiatry 1700 12th St. #B  
 City Hood River State OR Zip Code 97031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
 11 / 05 / 2014  
**Transaction ID : A7D831D91FFEA4CC4965**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Robert Tyson Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Salem Foot & Ankle Clinic 350 Miller St. S.E.  
 City Salem State OR Zip Code 97302-4272  
 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  
 11 / 05 / 2014  
**Transaction ID : AF01272BF4E5D4A7F91A**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 63
	<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. Malcolm Derek Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 N. 5th St.

City Ponca City State OK Zip Code 74601-2762

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2014**

**Transaction ID : A2CE1257ED2C8447CA4B**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 100 Ayshire Ct.

City Slidell State LA Zip Code 70461-5034

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : AEE2DE92DC295457296F**

Amount of Each Receipt this Period  
**150.00**

**C. Dr. William N. McCann**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Jonathan Ln.

City Bow State NH Zip Code 03304-3713

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

Name of Employer Pillsbury Medical Bldg.  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **551.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : A731D49DAFCC74E57B18**

Amount of Each Receipt this Period  
**1.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>651.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 63
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Christopher A. Seda</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2014 <b>Transaction ID : A85A8CDC8DCD94306836</b>
Mailing Address 840 Helen Dr. #1		Amount of Each Receipt this Period 300.00
City Lebanon	State PA	Zip Code 17042-7456
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Davey Suh</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2014 <b>Transaction ID : A2952D29DF0C34D4DB38</b>
Mailing Address DFW Foot & Ankle, P.A. 2281 Olympia Dr. #200		Amount of Each Receipt this Period 300.00
City Flower Mound	State TX	Zip Code 75028-1857
FEC ID number of contributing federal political committee. C		
Name of Employer DFW Foot & Ankle, P.A.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. John W. Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2014 <b>Transaction ID : AAEB C2650846D41618D9</b>
Mailing Address 702 E. McCarty St.		Amount of Each Receipt this Period 100.00
City Sandersville	State GA	Zip Code 31082-4777
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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 63
	<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	

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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Scott A. Amoss</b>		Date of Receipt
Mailing Address 2022 Foxfield Cir.		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Wall Township	NJ	07719-4600
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AE4AED8AD402E4525937</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Podiatric Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. D. Charles Greiner</b>		Date of Receipt
Mailing Address 802 Washington St.		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Portsmouth	OH	45662-3943
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A97E19AC7930E419B881</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Podiatric Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Edward A. Schulz</b>		Date of Receipt
Mailing Address Mundelein Foot & Ankle Center 550 N. Midlothian Rd. # 100		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mundelein	IL	60060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A21009C9125FC4276903</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Mundelein Foot & Ankle Center	Podiatric Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 63
	<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. Angela Pinkston-Ayson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Halsted Cir. #E  
 City Rogers State AR Zip Code 72756-3145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 12 / 2014  
**Transaction ID : A93376B6C08224545BC9**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Mark S. Isenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 Hickorynut Ave.  
 City Oldsmar State FL Zip Code 34677-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : A796F4E59D9514BA38FA**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Steve R. Feller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7507 Custer Rd. W.  
 City Tacoma State WA Zip Code 98499-8138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : A019AADB29B33445896E**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
	<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. Robert Frimmel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Sarasota Footcare Center  
 1921 Waldemere St. #106  
 City Sarasota State FL Zip Code 34239  
 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  
 11 / 17 / 2014  
**Transaction ID : AC71E42926F5D4653831**  
 Amount of Each Receipt this Period  
 25.00

**B. 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 32503-2407  
 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 ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : A03A1316F2E3A4AFC80C**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Kirk Eliel Woelffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Raleigh Foot & Ankle 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2014  
**Transaction ID : A6CDC0F5E3B2F4E3C9A7**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 63
	<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. Neil R. Kelley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Family Foot Care  
 1730 Main St.  
 City Fortuna State CA Zip Code 95540-2467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2014  
**Transaction ID : A07CA731A718D44018DC**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. H. F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Georgia Ave.  
 City Little Rock State AR Zip Code 72207-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : A5E65058E7388418B9A1**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Renee L. Mackey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Northeast Ohio Medical Associates  
 2640 W. Market St. #301  
 City Fairlawn State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  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  
 11 / 19 / 2014  
**Transaction ID : A5BFB4ADB216E433D939**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 575.00  
**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 63
	<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. Jonathan P. Pattavina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Summer St.  
 City Keene State NH Zip Code 03431-3395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 19 / 2014**  
**Transaction ID : AA395B3164A05420DAD1**  
 Amount of Each Receipt this Period **300.00**

**B. Dr. John Michael Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Portland Clinic 800 S.W. 13th Ave.  
 City Portland State OR Zip Code 97205-1902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Portland Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 20 / 2014**  
**Transaction ID : A03678661BB6A48D58A3**  
 Amount of Each Receipt this Period **300.00**

**C. Dr. Tyson E. Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4213 Maidstone Dr.  
 City Lake Charles State LA Zip Code 70605-4033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500.00**

Date of Receipt **11 / 20 / 2014**  
**Transaction ID : A446461921B614D16BE7**  
 Amount of Each Receipt this Period **100.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 63
	<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. Fred Marino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Highland Ave. #B

City Murfreesboro State TN Zip Code 37130-2463

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 11 / 20 / 2014  
**Transaction ID : A181816C4D9DE47BBBF2**

Amount of Each Receipt this Period 250.00

**B. Dr. Gary S. Sapphire**  
Full Name (Last, First, Middle Initial)

Mailing Address 248 Avenue P

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 20 / 2014  
**Transaction ID : AC061CD432D764395B83**

Amount of Each Receipt this Period 85.00

**c. 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 ▼ 414.00

Date of Receipt 11 / 20 / 2014  
**Transaction ID : A394FB6C6ADE1401D8B6**

Amount of Each Receipt this Period 46.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 381.00

**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 26 OF 63
	<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. Michael L. Gerber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41400 Dequindre Rd. #100  
 City Sterling Heights State MI Zip Code 48314-3751  
 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 **11 / 23 / 2014**  
**Transaction ID : A0553CA8F68744BEFA8F**  
 Amount of Each Receipt this Period **250.00**

**B. 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 27518-7429  
 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 **500.00**

Date of Receipt **11 / 23 / 2014**  
**Transaction ID : A0AB59A37898741159BA**  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Holly A. Spohn-Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6425 Lynch Canyon Dr.  
 City Lake Isabella State CA Zip Code 93240-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rural Health Clinic/Kern Valley Hosp. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **11 / 23 / 2014**  
**Transaction ID : A86A17B4BA4F2406CB48**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **325.00**  
**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 63
	<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. John P. Beaupied**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address The Palos Podiatry Group  
 6420 W. 127th St. #105  
 City Palos Heights State IL Zip Code 60463-2297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Palos Podiatry Group Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2014  
**Transaction ID : AE91363E321C54CAAB78**  
 Amount of Each Receipt this Period  
**25.00**

**B. 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 Self Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2014  
**Transaction ID : A107C1D22D57441739F5**  
 Amount of Each Receipt this Period  
**25.00**

**C. 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2014  
**Transaction ID : ADF20C59996BC4291819**  
 Amount of Each Receipt this Period  
**100.00**

**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 28 OF 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Charles P. Chapel</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 12084 Cortez Blvd.		<b>Transaction ID : AA725DD041E5D443086A</b>
City Brooksville	State FL	Zip Code 34613-7371
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Philip Wayne Holloway</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 727 E. Court St.		<b>Transaction ID : AA65A5200D5394FCEA3B</b>
City Paris	State IL	Zip Code 61944-2460
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David M. Moinester</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 6575 Stage Rd.		<b>Transaction ID : A0121344570064EB2952</b>
City Bartlett	State TN	Zip Code 38134-3809
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 63
	<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. Jason W. Rockwood**  
Full Name (Last, First, Middle Initial)

Mailing Address Foot & Ankle Associates, Inc.  
2019 Galisteo St. #K

City Santa Fe State NM Zip Code 87505-2159

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 ▼ **550.00**

Date of Receipt **11 / 24 / 2014**

**Transaction ID : ADF811D4B54CD444EB87**

Amount of Each Receipt this Period **50.00**

**B. Dr. Paul S. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1479 Ygnacio Valley Rd. #102

City Walnut Creek State CA Zip Code 94598-2987

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 24 / 2014**

**Transaction ID : AE1EEE0258B6242D9B41**

Amount of Each Receipt this Period **300.00**

**C. Dr. Julie Cathleen Webster**  
Full Name (Last, First, Middle Initial)

Mailing Address Mid-South Foot & Ankle Specialists  
8055 Club Pkwy.

City Cordova State TN Zip Code 38016-5967

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

Name of Employer Mid-South Foot & Ankle Specialists Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 24 / 2014**

**Transaction ID : AF1B0A909989642E99AD**

Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>17588.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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**

Full Name (Last, First, Middle Initial)

**A. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement

Candidate Name

**Rep. Adrian M. Smith**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : **BD5C4B5592237406C947**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ALAN LOWENTHAL FOR CONGRESS**

Mailing Address 6380 WILSHIRE BLVD., #1612

City State Zip Code  
LOS ANGELES CA 90048

Purpose of Disbursement

Candidate Name

**Rep. Alan S. Lowenthal**

Office Sought:  House  
 Senate  
 President  
State: CA District: 47

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : **B07FEA4C15123433B9D0**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code  
Sacramento CA 95814

Purpose of Disbursement

Candidate Name

**Rep. Anna G. Eshoo**

Office Sought:  House  
 Senate  
 President  
State: CA District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : **BA7E9042D36544C9AA01**

Amount of Each Disbursement this Period

2500.00

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

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

5000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. BEATTY FOR CONGRESS**

Mailing Address PO BOX 172

City COLUMBUS State OH Zip Code 43216

Purpose of Disbursement

Candidate Name

**Rep. Joyce B. Beatty**

Office Sought:  House  
 Senate  
 President

State: OH District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : **BBCC8969A81A2436D855**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Benishek For Congress, Inc.**

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement

Candidate Name

**Rep. Dan J. Benishek**

Office Sought:  House  
 Senate  
 President

State: MI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : **BA1B37A94AEAC4C9A980**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. Bob Casey For Senate Inc**

Mailing Address 700 13th Street Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

**Sen. Robert P. Casey Jr.**

Office Sought:  House  
 Senate  
 President

State: PA District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : **B9417DE8AB14C4B12AC8**

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address P.O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

**Rep. Kevin P. Brady**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B000C0431B3BF42889D2**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BYRNE FOR CONGRESS INC**

Mailing Address PO BOX 2743

City MOBILE State AL Zip Code 36652-2743

Purpose of Disbursement

Candidate Name

**Rep. Bradley R. Byrne**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B257A90A02EAE4433A2B**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Candice Miller For Congress**

Mailing Address P.O. Box 182152

City Shelby Township State MI Zip Code 48318

Purpose of Disbursement

Candidate Name

**Rep. Candice S. Miller**

Office Sought:  House  
 Senate  
 President  
State: MI District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B63FFB86692F44F928CC**

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

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**

Full Name (Last, First, Middle Initial)

**A. Capito For West Virginia**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

Candidate Name

**Sen. Shelley Moore 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
10			17			2014			

**Transaction ID : B6F534F2FB5394897807**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Carol Shea-Porter For Congress**

Mailing Address PO Box 453

City Rochester State NH Zip Code 03866

Purpose of Disbursement

Candidate Name

**Rep. Carol Shea-Porter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BE3438429AB0841E284C**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Carper For Senate**

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement

Candidate Name

**Sen. Tom R. Carper**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B7E793CD3709641FE829**

Amount of Each Disbursement this Period

1500.00
---------

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

4500.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  Senate  President  
State: LA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B81931C351FDC431F9AE**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name

**Rep. Charlie W. Dent**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BACDE8958A76E4E9A9CD**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. CHRIS GIBSON FOR CONGRESS**

Mailing Address PO BOX 255

City KINDERHOOK State NY Zip Code 12106

Purpose of Disbursement

Candidate Name

**Rep. Chris P. Gibson**

Office Sought:  House  Senate  President  
State: NY District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B483B91E5C8FC40E6A9C**

Amount of Each Disbursement this Period

5000.00
---------

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

13000.00
----------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Citizens For Waters**

Mailing Address 555 So.Flower St.,Suite 4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

Candidate Name

**Rep. Maxine Waters**

Office Sought:  House  
 Senate  
 President

State: CA District: 43

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B5AC88B32D93D4990932**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM, INC.**

Mailing Address 500 MARQUETTE NW  
SUITE 800

City ALBUQUERQUE State NM Zip Code 87102

Purpose of Disbursement

Candidate Name

**Rep. Michelle Lujan Grisham**

Office Sought:  House  
 Senate  
 President

State: NM District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BC8B3D17C3AB14C1E933**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Congressman Dana Rohrabacher**

Mailing Address PO Box 823

City Huntington Beach State CA Zip Code 92648

Purpose of Disbursement

Candidate Name

**Rep. Dana Rohrabacher**

Office Sought:  House  
 Senate  
 President

State: CA District: 48

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B6B7C934C7E3949ADBC4**

Amount of Each Disbursement this Period

5000.00
---------

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

9000.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Trent Franks To Congress**

Mailing Address PO Box 8105

City State Zip Code  
Glendale AZ 85312

Purpose of Disbursement

Candidate Name

**Rep. Trent Franks**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B84BD5C93F645436B847**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CONNOLLY FOR CONGRESS**

Mailing Address 3706 PRADO PLACE

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement

Candidate Name

**Rep. Gerry E. Connolly**

Office Sought:  House  
 Senate  
 President  
State: VA District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B16163E85240A423F93E**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. CRAWFORD FOR CONGRESS**

Mailing Address PO BOX 16956

City State Zip Code  
JONESBORO AR 72403

Purpose of Disbursement

Candidate Name

**Rep. Rick Crawford**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BBE1768CD6B13446DB19**

Amount of Each Disbursement this Period

1500.00

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

4000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Crowley For Congress**

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

Candidate Name

**Rep. Joseph Crowley**

Office Sought:  House  Senate  President

State: NY District: 14

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B9C3580F5DEF14A4BA71**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Dina Titus For Congress**

Mailing Address PO Box 50614

City Henderson State NV Zip Code 89016

Purpose of Disbursement

Candidate Name

**Rep. Dina C. Titus**

Office Sought:  House  Senate  President

State: NV District: 01

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BB81FD889DBB747A0ACC**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Doggett For Us Congress**

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement

Candidate Name

**Rep. Lloyd A. Doggett II**

Office Sought:  House  Senate  President

State: TX District: 35

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B5084ECB4477B45BFB67**

Amount of Each Disbursement this Period

2500.00
---------

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

5500.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Engel For Congress**

Mailing Address 462 California Road

City State Zip Code  
Bronxville NY 10708

Purpose of Disbursement

Candidate Name  
**Rep. Eliot L. Engel**

Office Sought:  House  
 Senate  
 President  
State: NY District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : **BA94A22BA2F6C47F485C**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ENYART FOR CONGRESS**

Mailing Address PO BOX 308

City State Zip Code  
BELLEVILLE IL 62222

Purpose of Disbursement

Candidate Name  
**Rep. Bill L. Enyart Jr.**

Office Sought:  House  
 Senate  
 President  
State: IL District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : **BB642C9504C1A4630A77**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Bill Posey**

Mailing Address 2525 Aurora Rd. Suite 102

City State Zip Code  
Melbourne FL 32935

Purpose of Disbursement

Candidate Name  
**Rep. Bill Posey**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : **BB9832EE834F14808B5B**

Amount of Each Disbursement this Period

2500.00
---------

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

6500.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Dr

City Highland Hts State OH Zip Code 44143

Purpose of Disbursement

Candidate Name

**Rep. Dave P. Joyce**

Office Sought:  House  
 Senate  
 President

State: OH District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B85CF5F823E744CEDABC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Farr**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name

**Rep. Sam Farr**

Office Sought:  House  
 Senate  
 President

State: CA District: 20

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B9D5A386BFDAF4AC8B85**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Jim Bridenstine Inc**

Mailing Address Pmb 230  
8086 South Yale

City Tulsa State OK Zip Code 74136

Purpose of Disbursement

Candidate Name

**Rep. Jim F. Bridenstine**

Office Sought:  House  
 Senate  
 President

State: OK District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B2981C30D72CE4896BAA**

Amount of Each Disbursement this Period

5000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE HECK**

Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement

Candidate Name

**Rep. Joe J. Heck Jr.**

Office Sought:  House  
 Senate  
 President  
State: NV District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : B9E277C464DA840C8B1A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN DELANEY**

Mailing Address PO BOX 70835

City BETHESDA State MD Zip Code 20813

Purpose of Disbursement

Candidate Name

**Rep. John K. Delaney**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : BA92BF31F8A4E48E2818

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Rosa DeLauro**

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

**Rep. Rosa L. DeLauro**

Office Sought:  House  
 Senate  
 President  
State: CT District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : BACBE7B6192B44045BB0

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)  
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

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**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCOTT DESJARLAIS**

Mailing Address PO. BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement

Candidate Name  
**Rep. Scott E. DesJarlais**

Office Sought:  House  
 Senate  
 President  
State: TN District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : B3E12F399E87F4952A2E

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Sherrod Brown**

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name  
**Sen. Sherrod C. Brown**

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : BB0CF736959B6467E851

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SUSAN BROOKS**

Mailing Address 9425 N MERIDIAN STREET  
# 237

City INDIANAPOLIS State IN Zip Code 46260-1308

Purpose of Disbursement

Candidate Name  
**Rep. Susan W. Brooks**

Office Sought:  House  
 Senate  
 President  
State: IN District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : B205C8D6C5501401F826

Amount of Each Disbursement this Period

5000.00

**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)  
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

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**

Full Name (Last, First, Middle Initial)

**A. Garamendi For Congress**

Mailing Address C/O California Political Law, Inc.  
3605 Long Beach Blvd., Ste. 426

City Long Beach State CA Zip Code 90807

Purpose of Disbursement

Candidate Name

**Rep. John R. Garamendi**

Office Sought:  House  
 Senate  
 President  
State: CA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B01434DAC3883487DB50**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

**Rep. Gene Green**

Office Sought:  House  
 Senate  
 President  
State: TX District: 29

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B356343C3151C42AF856**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102-9639

Purpose of Disbursement

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B73EB0881CB4843AF82E**

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Gutierrez For Congress**

Mailing Address 5310 W. Cullom Ave

City Chicago State IL Zip Code 60641

Purpose of Disbursement

Candidate Name

**Rep. Luis V. Gutierrez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B7E78DD64F4864718906**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. HAGAN FOR US SENATE INC**

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement

Candidate Name

**Sen. Kay R. Hagan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B6934E1C70EDB45D3983**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Hal Rogers For Congress**

Mailing Address P.O. Box 1214

City Somersett State KY Zip Code 42502

Purpose of Disbursement

Candidate Name

**Rep. Hal Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BEC89058B962749F6ADA**

Amount of Each Disbursement this Period

2500.00
---------

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

5500.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. HORSFORD FOR CONGRESS**

Mailing Address 6100 ELTON AVE, SUITE 1000

City LAS VEGAS State NV Zip Code 89107

Purpose of Disbursement

Candidate Name  
**Rep. Steven A. Horsford**

Office Sought:  House  
 Senate  
 President  
State: NV District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : BDC8505ACBD9A4138BFB

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Jackie Speier For Congress**

Mailing Address Post Office Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement

Candidate Name  
**Rep. Jackie Speier**

Office Sought:  House  
 Senate  
 President  
State: CA District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : B7A43F11AF2FC4F929DC

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Jeff Miller For Congress**

Mailing Address P. O. Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement

Candidate Name  
**Rep. Jeff B. Miller**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
10 / 17 / 2014

Transaction ID : BCD9B4004AF9B4EAFBBI

Amount of Each Disbursement this Period

5000.00

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

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

8000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement

Candidate Name

**Rep. Julia Brownley**

Office Sought:  House  
 Senate  
 President

State: CA District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : **BF79DA74703754042AE7**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Kaptur For Congress**

Mailing Address 1841 Dority Rd

City Toledo State OH Zip Code 43615

Purpose of Disbursement

Candidate Name

**Rep. Marcy C. Kaptur**

Office Sought:  House  
 Senate  
 President

State: OH District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : **B386618AA8B5348E6B8C**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Ken Calvert For Congress Committee**

Mailing Address PO Box 20123

City Riverside State CA Zip Code 92516

Purpose of Disbursement

Candidate Name

**Rep. Ken Calvert**

Office Sought:  House  
 Senate  
 President

State: CA District: 42

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : **BA5A7D83F86D54F0B924**

Amount of Each Disbursement this Period

1000.00

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

4000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Kevin Mccarthy For Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

State: CA District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B37A50726B68A44E8B26**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. KUSTER FOR CONGRESS, INC.**

Mailing Address P.O. BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement

Candidate Name

**Rep. Ann McLane Kuster**

Office Sought:  House  
 Senate  
 President

State: NH District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B5F7D799C64BE4E1EB25**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B2BFB9105906A4FDEBE2**

Amount of Each Disbursement this Period

2500.00

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

9000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Larson For Congress**

Mailing Address 330 Main Street

City Hartford State CT Zip Code 06106

Purpose of Disbursement

Candidate Name

**Rep. John B. Larson**

Office Sought:  House  
 Senate  
 President

State: CT District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B628923E6A9C44CCCBDO**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B5C3BAB740B8E42C78C3**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Loesack For Congress**

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement

Candidate Name

**Rep. Dave W. Loesack**

Office Sought:  House  
 Senate  
 President

State: IA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B86BEAB1AE6554E599E5**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4500.00
---------

--

**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

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**

Full Name (Last, First, Middle Initial)

**A. Lofgren For Congress**

Mailing Address C/O Contribution Solutions, Llc  
123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement

Candidate Name

**Rep. Zoe Lofgren**

Office Sought:  House  
 Senate  
 President  
State: CA District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : BABBF60C54F13430DA8C**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement

Candidate Name

**Rep. Louise M. Slaughter**

Office Sought:  House  
 Senate  
 President  
State: NY District: 25

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : BEDA7DFEA384A4AE6AB1**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601-1441

Purpose of Disbursement

Candidate Name

**Rep. Lynn M. Jenkins**

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : B15185D9ED296486B8DA**

Amount of Each Disbursement this Period

5000.00
---------

**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)  
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

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**

Full Name (Last, First, Middle Initial)

**A. Mark Pryor For Us Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

Candidate Name

**Sen. Mark L. Pryor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BFF106A64D3B24FB18FD**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Markey Committee, The**

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement

Candidate Name

**Sen. Edward J. Markey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BEF8EA8ABDF6F49B8AF2**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MARTIN HEINRICH FOR SENATE**

Mailing Address P.O. BOX 25763

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement

Candidate Name

**Sen. Martin T. Heinrich**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B958DA1F9AA114ECCB55**

Amount of Each Disbursement this Period

1000.00

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

5000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement

Candidate Name

**Rep. Doris O. Matsui**

Office Sought:  House  
 Senate  
 President

State: CA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B4C2F3E54AF734F87B97**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Mchenry For Congress**

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement

Candidate Name

**Rep. Patrick T. McHenry**

Office Sought:  House  
 Senate  
 President

State: NC District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B98EA6402E20B403E9E4**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Menendez For Senate**

Mailing Address One Gateway Center Suite 520

City Newark State NJ Zip Code 07102

Purpose of Disbursement

Candidate Name

**Sen. Robert Menendez**

Office Sought:  House  
 Senate  
 President

State: NJ District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BB610A754A8BA4DE8BE5**

Amount of Each Disbursement this Period

1000.00
---------

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

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

7500.00
---------

--

**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

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**

Full Name (Last, First, Middle Initial)

**A. Mike Crapo For Us Senate**

Mailing Address P.O. Box 1948

City State Zip Code  
Boise ID 83701

Purpose of Disbursement

Candidate Name

**Sen. Mike D. Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B49A30C3647894C18978**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City State Zip Code  
LYNDORA PA 16045

Purpose of Disbursement

Candidate Name

**Rep. Mike Kelly Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BF89A2C1A95534D948B3**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement

Candidate Name

**Rep. Mike Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B132B873C965B4112861**

Amount of Each Disbursement this Period

1000.00
---------

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

7500.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Pascrell for Congress, Inc.**

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666-0100

Purpose of Disbursement

Candidate Name

**Rep. Bill J. Pascrell Jr.**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B2C9B7A99FB6E4340997**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pat Roberts For U S Senate Inc**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Candidate Name

**Sen. Pat Roberts**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BBEF60516AD544EBAB61**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

Candidate Name

**Rep. Paul D. Tonko**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BBBA5CD684ABE4143801**

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement

Candidate Name

**Rep. Ben R. Lujan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BA87F0358085549D587D**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR DEREK KILMER**

Mailing Address PO BOX 1574

City GIG HARBOR State WA Zip Code 98335

Purpose of Disbursement

Candidate Name

**Rep. Derek Kilmer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B412086E67CF04CD58BA**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Pete King For Congress Committee**

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement

Candidate Name

**Rep. Pete T. King**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BB742063BAC3F43289B5**

Amount of Each Disbursement this Period

5000.00
---------

**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)  
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

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**

Full Name (Last, First, Middle Initial)

**A. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

**Rep. Tom E. Price**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B1699FF6683294A91B3B**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. QUIGLEY FOR CONGRESS**

Mailing Address PO BOX 13040

City CHICAGO State IL Zip Code 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

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BABBCBA0DABC74F2CA8**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City Dunn State NC Zip Code 28335

Purpose of Disbursement

Candidate Name

**Rep. Renee L. Ellmers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BDD590C41BCFB407DBD!**

Amount of Each Disbursement this Period

5000.00
---------

**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) 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

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**

Full Name (Last, First, Middle Initial)

**A. Ribble For Congress**

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement

Candidate Name

**Rep. Reid J. Ribble**

Office Sought:  House  
 Senate  
 President

State: WI District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B0CBECA59283C4316983**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Richard Burr Committee; The**

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name

**Sen. Richard M. Burr**

Office Sought:  House  
 Senate  
 President

State: NC District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B3C42F80F4E3F47458DB**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Richard E Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

**Rep. Richard E. Neal**

Office Sought:  House  
 Senate  
 President

State: MA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B0C6E8814388F4614B19**

Amount of Each Disbursement this Period

1500.00

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

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

7500.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Rob Bishop For Congress**

Mailing Address PO Box 2010

City State Zip Code  
Brigham City UT 84302

Purpose of Disbursement

Candidate Name

**Rep. Rob W. Bishop**

Office Sought:  House  
 Senate  
 President

State: UT District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : B2B6B9C6D6864479F999**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Rob Wittman For Congress**

Mailing Address P.O. Box 999

City State Zip Code  
Montross VA 22520

Purpose of Disbursement

Candidate Name

**Rep. Rob J. Wittman**

Office Sought:  House  
 Senate  
 President

State: VA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : BA0CAAA1D0D644D58A7C**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. RODNEY FOR CONGRESS**

Mailing Address PO BOX 344

City State Zip Code  
TAYLORVILLE IL 62568-0344

Purpose of Disbursement

Candidate Name

**Rep. Rodney L. Davis**

Office Sought:  House  
 Senate  
 President

State: IL District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2014

**Transaction ID : B7BF5147BCF8F4C26928**

Amount of Each Disbursement this Period

1500.00
---------

**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)  
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

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**

Full Name (Last, First, Middle Initial)

**A. Ros-Lehtinen For Congress**

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement

Candidate Name

**Rep. Ileana C. Ros-Lehtinen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 27

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B07C4327CA41C4D3C836**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BE002BEA20E954CC480B**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Ryan For Congress**

Mailing Address P. O. Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement

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

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B84E40FCBD56743EE9A2**

Amount of Each Disbursement this Period

3000.00

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

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

9500.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Sensenbrenner Committee**

Mailing Address P. O. Box 575

City Brookfield State WI Zip Code 53008

Purpose of Disbursement

Candidate Name

**Rep. Jim Sensenbrenner Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B7ED2A4748E4A4FD79A1**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Sires For Congress**

Mailing Address 6050 Blvd. East

City West New York State NJ Zip Code 07093

Purpose of Disbursement

Candidate Name

**Rep. Albio Sires**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BA5127E22B37E410AB25**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement

Candidate Name

**Rep. Steve Southerland II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BEEB559E372474FDC911**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

Candidate Name

**Sen. Debbie A. Stabenow**

Office Sought:  House  Senate  President

State: MI District:

Disbursement For: 2018  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BEA0001E601D34A6BAFF**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement

Candidate Name

**Rep. Steve E. Stivers**

Office Sought:  House  Senate  President

State: OH District: 15

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B7B1661D8D27C4ABAB72**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B11212D4F4C5446508AC**

Amount of Each Disbursement this Period

2500.00

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

8500.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. The Congressman Joe Barton Committee**

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name

**Rep. Joe L. Barton**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BBE358F59C1344899A8F**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. THE NIKI TSONGAS COMMITTEE**

Mailing Address PO BOX 1454

City LOWELL State MA Zip Code 01853

Purpose of Disbursement

Candidate Name

**Rep. Niki S. Tsongas**

Office Sought:  House  
 Senate  
 President  
State: MA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : BC084A450FA7A49E8B86**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement

Candidate Name

**Rep. Tim H. Bishop**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

**Transaction ID : B7CA6C66563CE45D5A06**

Amount of Each Disbursement this Period

2500.00

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

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

9000.00

**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

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**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy For Congress**

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement

Candidate Name

**Rep. Tim F. Murphy**

Office Sought:  House  
 Senate  
 President

State: PA District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B81077A6A2E9F45AD8BF**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Ryan For Congress**

Mailing Address 1600 Roosevelt Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement

Candidate Name

**Rep. Tim J. Ryan**

Office Sought:  House  
 Senate  
 President

State: OH District: 13

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B618C453F613B4E9C9A1**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. TONY CARDENAS FOR CONGRESS**

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City LOS ANGELES State CA Zip Code 90010

Purpose of Disbursement

Candidate Name

**Rep. Tony Cardenas**

Office Sought:  House  
 Senate  
 President

State: CA District: 29

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B92470790F9AB4BE5A64**

Amount of Each Disbursement this Period

1500.00
---------

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

6000.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Udall For Us All**

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement

Candidate Name

**Sen. Tom S. Udall**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BC554D9A73D88463F878**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. VARGAS FOR CONGRESS**

Mailing Address 330 ENCINITAS BLVD., SUITE 101

City ENCINITAS State CA Zip Code 92024

Purpose of Disbursement

Candidate Name

**Rep. Juan C. Vargas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : BA7E7083C764F4211900**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Walberg For Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement

Candidate Name

**Rep. Tim L. Walberg**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2014			

**Transaction ID : B11254229F2C742608F2**

Amount of Each Disbursement this Period

1000.00
---------

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

4000.00
---------

**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

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**

Full Name (Last, First, Middle Initial)

**A. Walden For Congress**

Mailing Address PO Box 1091

City: Hood River State: OR Zip Code: 97031

Purpose of Disbursement

Candidate Name

**Rep. Greg P. Walden**

Office Sought:  House  
 Senate  
 President

State: OR District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : **B9C2207CC9C9B475E9FE**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Whitehouse for Senate**

Mailing Address PO Box 40280

City: Providence State: RI Zip Code: 02920

Purpose of Disbursement

Candidate Name

**Sen. Sheldon Whitehouse**

Office Sought:  House  
 Senate  
 President

State: RI District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 17 / 2014

Transaction ID : **BDADCF645AA3C41EAB7E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)**

Mailing Address 675 N WASHINGTON ST. SUITE 410

City: ALEXANDRIA State: VA Zip Code: 22314

Purpose of Disbursement  
LPAC (Latham) Contribution 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

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

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

Transaction ID : **B6315AB6BBF4141E6991**

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)..... ▶

249000.00