

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] NEW (N)

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 09/01/2014 through 09/30/2014

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 10/20/2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		494355.15
(b) Cash on Hand at Beginning of Reporting Period.....	507612.65	
(c) Total Receipts (from Line 19) .....	11658.00	347415.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	519270.65	841770.65
7. Total Disbursements (from Line 31).....	18000.00	340500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	501270.65	501270.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4906.00	224222.00
(ii) Unitemized .....	6752.00	118193.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11658.00	342415.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11658.00	342415.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11658.00	347415.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11658.00	347415.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	340500.00
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)) ..	18000.00	340500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	340500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11658.00	342415.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11658.00	342415.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<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. Joan M. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1147 E. Grand Ave.  
 City Escondido State CA Zip Code 92025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : A7D7190675A6F4412B5F**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. William H. Dabdoub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108A Smart Pl.  
 City Slidell State LA Zip Code 70458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2014  
**Transaction ID : A1F136A4CF46E49D7A2C**  
 Amount of Each Receipt this Period  
 150.00

**c. Dr. Harvey S. Karp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 649 N. Broad St.  
 City Woodbury State NJ Zip Code 08096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 08 / 2014  
**Transaction ID : A9AF8B6EF7204445FA03**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<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 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mackie J. Walker Jr.</b>		Date of Receipt MM / DD / YYYY 09 / 08 / 2014 <b>Transaction ID : ACC9E7DB139A94380BDC</b>
Mailing Address CMI - Podiatry 721 Richland Ave. W.		Amount of Each Receipt this Period 500.00
City Aiken	State SC	
Zip Code 29801	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 500.00
Name of Employer Carolina Pod. Med. Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Kirk Eliel Woelffer</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2014 <b>Transaction ID : AC08B35497C1D462691A</b>
Mailing Address Raleigh Foot Center P.O. Box 98209		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	
Zip Code 27624	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 350.00
Name of Employer Raleigh Foot Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey Alan Dunkerley</b>		Date of Receipt MM / DD / YYYY 09 / 17 / 2014 <b>Transaction ID : AD33A2EE8ACF54424B31</b>
Mailing Address Martin Foot & Ankle Center 2003 E. Market St.		Amount of Each Receipt this Period 300.00
City York	State PA	
Zip Code 17402	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 300.00
Name of Employer Martin Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 8 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Anthony M. Lombardo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ankle & Foot Specialists of St. Lo  
 12255 DePaul Dr. #470  
 City Bridgeton State MO Zip Code 63044  
 Name of Employer Bridgeton Podiatry 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  
 09 / 17 / 2014  
**Transaction ID : AD78776CEBA1B43359CA**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Patrick A. McShane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3259 E. Sunshine St. #BB  
 City Springfield State MO Zip Code 65804  
 Name of Employer Self-Employed 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  
 09 / 17 / 2014  
**Transaction ID : A38D2A13141074D1891C**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Joel Scott Segalman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Chase Parkway Podiatry Group  
 714 Chase Pkwy.  
 City Waterbury State CT Zip Code 06708  
 Name of Employer Chase Parkway Podiatry Group 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  
 09 / 17 / 2014  
**Transaction ID : AAB658D09531149899F9**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. H. F. Brown III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Georgia Ave.  
 City Little Rock State AR Zip Code 72207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 20 / 2014**  
**Transaction ID : ABC5406610EB7405380A**  
 Amount of Each Receipt this Period **50.00**

**B. 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 **225.00**

Date of Receipt **09 / 20 / 2014**  
**Transaction ID : A604370F597444AB2AA9**  
 Amount of Each Receipt this Period **25.00**

**C. Dr. Tyson E. Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1747 Imperial Blvd.  
 City Lake Charles State LA Zip Code 70605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1300.00**

Date of Receipt **09 / 20 / 2014**  
**Transaction ID : AF9388C9186B44F068BF**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**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 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Dr. Mark Andrew Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pensacola Foot & Ankle Center  
 4850 N. 9th Ave.  
 City Pensacola State FL Zip Code 32503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pensacola Foot & Ankle Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : AD9607EB2918947AD863**  
 Amount of Each Receipt this Period  
 100.00

**B. 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : A1884E7ECE48741E2897**  
 Amount of Each Receipt this Period  
 25.00

**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 ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2014  
**Transaction ID : A806F7EB97E7F45F6A79**  
 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:	PAGE 11 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. 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 **322.00**

Date of Receipt: **09 / 20 / 2014**  
**Transaction ID : AB9450281E8874D5A908**  
 Amount of Each Receipt this Period: **46.00**

**B. Dr. Martha Jullie Ajlouny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Greensboro Podiatry Associates, P. 530 N. Elam Ave. #A  
 City Greensboro State NC Zip Code 27403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Greensboro Podiatry Associates Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt: **09 / 24 / 2014**  
**Transaction ID : A92A7C63F704C45B8987**  
 Amount of Each Receipt this Period: **250.00**

**C. 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  
 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 **225.00**

Date of Receipt: **09 / 24 / 2014**  
**Transaction ID : AB83937D86C2744C68B2**  
 Amount of Each Receipt this Period: **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **321.00**  
**TOTAL** This Period (last page this line number only).....

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Deborah Behre</b>		Date of Receipt 09 / 24 / 2014 <b>Transaction ID : A7ED9DFAEA39F422EB8E</b>
Mailing Address P.O. Box 14653		Amount of Each Receipt this Period 25.00
City Tumwater	State WA	Zip Code 98511
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	
Occupation Podiatric Physician		Aggregate Year-to-Date 225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Gregory W. Bryan</b>		Date of Receipt 09 / 24 / 2014 <b>Transaction ID : A224CF1D6F79A423298A</b>
Mailing Address Ark LA Tex Foot Specialists, LLC 385 Bert Kouns #200		Amount of Each Receipt this Period 100.00
City Shreveport	State LA	Zip Code 71106
FEC ID number of contributing federal political committee. C	Name of Employer Ark LA TexFoot Specialists, LLC	
Occupation Podiatric Physician		Aggregate Year-to-Date 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven B. Geduldig</b>		Date of Receipt 09 / 24 / 2014 <b>Transaction ID : A77E4CAA137D84BCDAF3</b>
Mailing Address Foot Specialists of Kansas City 9119 W. 74th St. #352		Amount of Each Receipt this Period 300.00
City Shawnee Mission	State KS	Zip Code 66204
FEC ID number of contributing federal political committee. C	Name of Employer Foot Specialists	
Occupation Podiatric Physician		Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<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 13 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dr. Michael L. Gerber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41400 Dequindre Rd. #100  
 City Sterling Heights State MI Zip Code 48314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : AF27A081D8ECA4CF2A05**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr. Philip Wayne Holloway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 E. Court St.  
 City Paris State IL Zip Code 61944  
 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 / D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : AED569934A9CB467FBA7**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Laura A. Lloyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pamlico Podiatry Associates, P.A.  
 403 W. 15th St.  
 City Washington State NC Zip Code 27889  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pamlico Podiatry Associates, P.A. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : ACAA3A747081C4316904**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	375.00
<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:	PAGE 14 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Donna M. McAnespey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73 N. Maple Ave. #A  
 City Marlton State NJ Zip Code 08053  
 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  
 09 / 24 / 2014  
**Transaction ID : AE120B4CB6F5C4A6EA27**  
 Amount of Each Receipt this Period  
**200.00**

**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  
 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 **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : A82C30EC1FFCF4B1EACC**  
 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  
 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 **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2014  
**Transaction ID : A282F55D5BAA5488B8FC**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</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 15 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Craig H. Thomajan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Austin Foot & Ankle Specialists  
 5000 Bee Cave Rd. #202  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : A3D5FCBADB5D24F8C837**  
 Amount of Each Receipt this Period  
**100.00**

**B. Dr. Janet Simon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Podiatry Associates of NM  
 8300 Carmel Ave. N.E. #501  
 City Albuquerque State NM Zip Code 87122-3555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A722BB6E7A4634DB3A9D**  
 Amount of Each Receipt this Period  
**350.00**

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>4906.00</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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dick Durbin Committee**

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name

**Sen. Dick Durbin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : B235AD5000B034E68B38**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF DON BEYER**

Mailing Address 1751 POTOMAC GREENS DRIVE

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

**Donald Sternoff Beyer JR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : B03702F23565443D290B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. GLENN GROTHMAN FOR CONGRESS**

Mailing Address PO BOX 1215

City FOND DU LAC State WI Zip Code 54964

Purpose of Disbursement

Candidate Name

**Glenn S Grothman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

**Transaction ID : B96FCC48FBA5C41769F6**

Amount of Each Disbursement this Period

500.00

**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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Prairie PAC**

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
Leadership PAC Contribution 2014 (Sen Dick Durbin)

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Other2014

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : B0A596742634E4F69863

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Dan Kildee**

Mailing Address P.O. Box 248

City Flint State MI Zip Code 48501

Purpose of Disbursement

Candidate Name

**Rep. Dan T. Kildee**

Office Sought:  House  Senate  President

State: MI District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

Transaction ID : BA4651723A10742D1AFC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MARSHA PAC**

Mailing Address 499 S Capitol St SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
LPAC Rep Marsha Blackburn

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Other2014

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

Transaction ID : B852B446FA670473FA43

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE PRINCIPLES PAC**

Mailing Address P.O. BOX 100

City EARLY State IA Zip Code 50535

Purpose of Disbursement  
Rep. Steve King LPAC Donation

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : **B9181987942054EB697C**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. King For Congress**

Mailing Address 116 N Main St.  
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement  
replaces check 4780

Candidate Name

**Rep. Steve A. King**

Office Sought:  House  
 Senate  
 President

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

State: IA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : **B157AC0FC49D940CFB78**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. King For Congress**

Mailing Address 116 N Main St.  
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement  
VOID -

Candidate Name

**Rep. Steve A. King**

Office Sought:  House  
 Senate  
 President

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

State: IA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : **B165A3BAFCB694762B66**

Amount of Each Disbursement this Period

-2500.00

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

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

5500.00

18000.00