

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		322169.33
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	349510.10									
(c) Total Receipts (from Line 19)	26200.00	348159.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	375710.10	670328.83								
7. Total Disbursements (from Line 31)	10000.00	304618.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	365710.10	365710.10								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	17405.00	222843.00
(ii) Unitemized	8795.00	123316.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26200.00	346159.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26200.00	347159.50
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	1000.00
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 Transfer (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))	26200.00	348159.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26200.00	348159.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	61906.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	61906.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	242500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	212.50
(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	212.50
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	10000.00	304618.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	304618.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	26200.00	347159.50
34. Total Contribution Refunds (from Line 28(d))	0.00	212.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26200.00	346947.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	61906.23
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	61906.23

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

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

FOR LINE NUMBER: PAGE 6 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
Dr. Brian Szabo

Mailing Address 4595 Hog Back Rd.

City State Zip Code
Hermitage PA 16148-6280

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
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: 17418023

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Patricia L. Ferraro

Mailing Address Advanced Family Foot Care
2074 Lake Tahoe Blvd. #8

City State Zip Code
South Lake Tahoe CA 96150-6417

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

Name of Employer Advanced Family Foot Care Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: 17418024

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Loreen M. Flaherty

Mailing Address 2303 W. Sunset Dr.

City State Zip Code
Visalia CA 93291-0000

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
MM / DD / YYYY
08 / 04 / 2009

Transaction ID: 17423907

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Heather A. Holdermann

Mailing Address 676 Vista Park Dr.

City State Zip Code
Eagle Point OR 97524-7950

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Active Foot & Ankle Center Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2009
Transaction ID: 17427297

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. James S. Holdermann

Mailing Address 676 Vista Park Dr.

City State Zip Code
Eagle Point OR 97524-7950

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Active Foot & Ankle Center Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2009
Transaction ID: 17427299

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven K. Bowen

Mailing Address 1645 Owen Dr.

City State Zip Code
Fayetteville NC 28304-3425

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2009
Transaction ID: 17427302

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Hsiao-ch'un Yu</p> <p>Mailing Address Arroyo Foot & Ankle Clinic 780 S. Walnut St. #3</p> <p>City Las Cruces State NM Zip Code 88001-1425</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Arroyo Foot & Ankle Clinic Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 9</p> <p>Transaction ID: 17429926</p> <p>Amount of Each Receipt this Period 150.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Jay C. Goldstein</p> <p>Mailing Address 2626 N.W. 83rd Pl.</p> <p>City Portland State OR Zip Code 97229-4151</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 9</p> <p>Transaction ID: 17429937</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Chris A. Klimowich</p> <p>Mailing Address 12630 Panasoffkee Dr.</p> <p>City North Fort Myers State FL Zip Code 33903-4748</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer The Foot & Ankle Group Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 9</p> <p>Transaction ID: 17429938</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	650.00
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 9 / 24
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Martha Jullie Ajlouny

Mailing Address 5208 Autumn Woods Dr.

City Greensboro State NC Zip Code 27407-5065

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 ▼ 300.00

Date of Receipt 08 / 07 / 2009

Transaction ID: 17429939

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Marie C. Schlund

Mailing Address Itasca Foot & Ankle, Ltd.
209 N. Walnut St.

City Itasca State IL Zip Code 60143-1730

FEC ID number of contributing federal political committee. C

Name of Employer Itasca Foot & Ankle, Ltd. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 07 / 2009

Transaction ID: 17429940

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. James E. Lisle

Mailing Address 1327 Pressler Ct. S.

City Salem State OR Zip Code 97306-2165

FEC ID number of contributing federal political committee. C

Name of Employer Cascade Foot Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2009

Transaction ID: 17430679

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 24
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Carlos Frederick Smith

Mailing Address 2026 W. Hunt Ave.

City State Zip Code
Chicago IL 60620-5434

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2009

Transaction ID: 17439793

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lisa Cornelius

Mailing Address 3206 N.W. Twinberry St.

City State Zip Code
Corvallis OR 97330-3341

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2009

Transaction ID: 17439794

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. John H. Buchan

Mailing Address 129 Willow Brook Way S.

City State Zip Code
Delaware OH 43015-3860

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: 17444824

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 24
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Evan C. Merrill

Mailing Address 1373 Highcrest Dr.

City State Zip Code
Medford OR 97504-9351

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

Name of Employer
Southern Oregon Foot & Ankle, LLC

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: 17444825

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 1565 N.W. Woodland Dr.

City State Zip Code
Corvallis OR 97330-1059

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

Name of Employer
McKenzie River Foot Clinic, L.L.C.

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: 17444826

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas Palmer

Mailing Address 6477 S.E. Norma Cir.

City State Zip Code
Portland OR 97267-5183

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

Name of Employer
Oregon Foot Clinic

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: 17444828

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: PAGE 12 / 24
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Michael A. Gentile

Mailing Address 1540 S.W. Radcliffe Rd.

City State Zip Code
Portland OR 97219-7939

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: 17444830

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Manny Moy

Mailing Address 1404 Boca Raton Dr.

City State Zip Code
Lake Oswego OR 97034-1618

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

Name of Employer Occupation
Pacific Foot & Ankle Clinic Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: 17444831

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Darrell Duane Prins

Mailing Address 3200 N.E. 30th St.

City State Zip Code
Lincoln City OR 97367-5105

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

Name of Employer Occupation
Lincoln County Foot Health Center Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: 17444832

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional) ►

750.00

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 13 / 24

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Lawrence Michael Maurer

Mailing Address 7120 N.E. 118th St.

City State Zip Code
Kirkland WA 98034-2418

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: 17444835

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Peter Michael Vincent

Mailing Address 6633 N.E. 132nd St.

City State Zip Code
Kirkland WA 98034-1614

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: 17444836

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Alan Francis Rothstein

Mailing Address 5770 Victoria Ct.

City State Zip Code
Lake Oswego OR 97035-8739

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

Name of Employer Corrective Step Foot Health Center Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 0 9

Transaction ID: 17444840

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ►

950.00

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 14 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas Charles Melillo

Mailing Address 22862 S.W. Saunders Dr.

City State Zip Code
Sherwood OR 97140-8236

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

Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 17444841
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Patrick J. Evoy

Mailing Address 61161 Ridge Falls Pl.

City State Zip Code
Bend OR 97702-2324

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

Name of Employer Cascade Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 17444848
Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial)
Dr. Donald James Carlson

Mailing Address 711 N.W. 6th St.

City State Zip Code
Pendleton OR 97801-1319

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

Name of Employer Heritage Podiatry Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 08 / 17 / 2009
Transaction ID: 17444849
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Sandra R. Sheehan

Mailing Address Cape Fear Podiatry Associates
1738 Metromedical Dr.

City Fayetteville State NC Zip Code 28304-3861

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

Name of Employer Cape Fear Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2009
Transaction ID: 17445230
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. James S. Holdermann

Mailing Address 676 Vista Park Dr.

City Eagle Point State OR Zip Code 97524-7950

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

Name of Employer Active Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 17 / 2009
Transaction ID: 17446264
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Lyndon G. Johansen

Mailing Address 2025 S.W. Daybreak Way

City Troutdale State OR Zip Code 97060-4468

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 08 / 17 / 2009
Transaction ID: 17446272
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 16 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Rae Louise Lantsberger

Mailing Address 6417 S.E. 49th Ave.

City State Zip Code
Portland OR 97206-6914

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

Name of Employer Occupation
Gresham Foot Clinic Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: 17446273

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth K. S. Mah

Mailing Address 14335 S.W. Allen Blvd. #102

City State Zip Code
Beaverton OR 97005-4402

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: 17446274

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven M. Vines

Mailing Address 4685 Foothill Rd.

City State Zip Code
Ventura CA 93003-1903

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: 17448267

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Hal Ornstein

Mailing Address 5 Amanda Ln.

City State Zip Code
Howell NJ 07731-8941

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

Name of Employer
Affiliated Foot & Ankle Centers
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1005.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

Transaction ID: 17452637

Amount of Each Receipt this Period
1005.00

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

Mailing Address 5504 S. 44th St.

City State Zip Code
Rogers AR 72758-8305

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

Name of Employer
Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

Transaction ID: 17452647

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven M. Krych

Mailing Address 6809 Bright Star Ln.

City State Zip Code
Austin TX 78736-2414

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

Name of Employer
Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

Transaction ID: 17452920

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1755.00**

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 18 / 24
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Nicholas M. Tabor, III

Mailing Address 226 Marquette St.

City State Zip Code
La Salle IL 61301-2415

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
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: 17452934

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Dr. Joseph S. Borreggine

Mailing Address 353 W. Harrison Ave.

City State Zip Code
Charleston IL 61920-1856

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

Name of Employer Touching Ground Podiatry, P.C.
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: 17453227

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. S. Ronald Miller

Mailing Address 14 Courtleigh Pl.

City State Zip Code
Reading PA 19606-2941

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

Name of Employer Berkshire Podiatry Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2009

Transaction ID: 17453346

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Randell I. Braun

Mailing Address 30611 Laurel Ct.

City Spanish Fort State AL Zip Code 36527-8602

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 08 / 22 / 2009

Transaction ID: 17453351

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Gregory L. Cooper

Mailing Address 8033 Paseo Del Ocaso

City La Jolla State CA Zip Code 92037-3232

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 21 / 2009

Transaction ID: 17453621

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth Paul Seiter, Jr.

Mailing Address 11534 Kings Way Dr.

City Fort Smith State AR Zip Code 72916-8394

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 08 / 24 / 2009

Transaction ID: 17455272

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Charles Evans Hammonds

Mailing Address 5507 Braxtonshire Ct.

City State Zip Code
Houston TX 77069-1905

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

Name of Employer Tomball Foot Center Occupation Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	0	9

Transaction ID: 17455322

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Roland A. Palmquist

Mailing Address 8958 Riverside Dr.

City State Zip Code
Parker AZ 85344-8088

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

Name of Employer Parker Indian Health Center Occupation Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	9

Transaction ID: 17455605

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Waymon Edward Lewis, Jr.

Mailing Address 210 Trail Rdg.

City State Zip Code
Weatherford TX 76087-4016

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

Name of Employer Weatherford Podiatry Clinics Occupation Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	9

Transaction ID: 17458736

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 24
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas Lyons

Mailing Address 17 Cushing Ave.

City State Zip Code
Hingham MA 02043-1304

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
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 17479647

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kenneth K. S. Mah

Mailing Address 14335 S.W. Allen Blvd. #102

City State Zip Code
Beaverton OR 97005-4402

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
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 17493618

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jon Todd Fitzgerald

Mailing Address Lake Oswego Foot Clinic
543 S.W. 3rd St.

City State Zip Code
Lake Oswego OR 97034-3067

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

Name of Employer Lake Oswego Foot Clinic
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 17493621

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Sandra Fox

Mailing Address 48 Appian Way

City State Zip Code
Wilmington OH 45177-9000

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

Name of Employer Occupation
Fox Podiatry Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 17505550

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kathryn Riffe

Mailing Address 5000 Honeysuckle Dr.

City State Zip Code
Milan TN 38358-6440

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: 17505591

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL This Period (last page this line number only) ► **17405.00**

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)

PAGE 23 / 24

<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

<p>A. Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 01</p>	<p>Transaction ID: 17433150 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	2		2	0	0	9													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) Massa For Congress</p> <p>Mailing Address 60 East Market Street Suite 244</p> <p>City Corning State NY Zip Code 14830</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Eric Massa</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 29</p>	<p>Transaction ID: 17447384 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	7		2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	7		2	0	0	9													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Kagen 4 Congress</p> <p>Mailing Address 100 W. College Ave., 50-D</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Steve Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 08</p>	<p>Transaction ID: 17452631 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	1		2	0	0	9													
1500.00																						

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

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

A.	Full Name (Last, First, Middle Initial) Mcnerney For Congress	Transaction ID: 17452632 Date of Disbursement 08 / 21 / 2009
	Mailing Address 6250 Village Parkway	Amount of Each Disbursement this Period 1000.00
	City Dublin State CA Zip Code 94568	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jerry Mcnerney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress	Transaction ID: 17452633 Date of Disbursement 08 / 21 / 2009
	Mailing Address 22 West Padonia Road Suite A307	Amount of Each Disbursement this Period 1500.00
	City Timonium State MD Zip Code 21093	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. C.A. Dutch Ruppensberger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charlie Dent For Congress	Transaction ID: 17458297 Date of Disbursement 08 / 25 / 2009
	Mailing Address PO Box 442	Amount of Each Disbursement this Period 1000.00
	City Allentown State PA Zip Code 18105	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Charles Dent	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	1000.00