

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2012 through 08 31 2012

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 Kaplan DPM

Signature of Treasurer Dr. Randy Kaplan DPM [Electronically Filed] Date 09 20 2012

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="2012"/>		401108.16
(b) Cash on Hand at Beginning of Reporting Period.....	425746.16	
(c) Total Receipts (from Line 19)	37391.50	365779.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	463137.66	766887.66
7. Total Disbursements (from Line 31).....	26663.00	330413.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	436474.66	436474.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21446.00	237470.00
(ii) Unitemized	15945.50	127809.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	37391.50	365279.50
(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)	37391.50	365279.50
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	500.00
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))..... ▶	37391.50	365779.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37391.50	365779.50

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.....	25500.00	327000.00
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	2250.00
(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	2250.00
29. Other Disbursements	1163.00	1163.00
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)) ..	26663.00	330413.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26663.00	330413.00

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)	37391.50	365279.50
34. Total Contribution Refunds (from Line 28(d))	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37391.50	363029.50
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:	PAGE 6 OF 32
	(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

Full Name (Last, First, Middle Initial) A. Dr. Michael James Chin		Date of Receipt
Mailing Address 15 N. Racine Ave. #501		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City State Zip Code Chicago IL 60607-2003		Transaction ID : 20236015
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Windy City Foot & Ankle Physicians	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) B. Dr. Joel W. Brook		Date of Receipt
Mailing Address 16226 Red Cedar Trl.		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City State Zip Code Dallas TX 75248-3940		Transaction ID : 20236016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Dallas Podiatry Works	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) C. Dr. Brenna Leigh Steinberg		Date of Receipt
Mailing Address 21511 Sun Garden Ct.		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City State Zip Code Germantown MD 20876-6941		Transaction ID : 20236017
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
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 ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL 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 7 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Larry S. Hotchkiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Harvard Ct.
 City Rockville State MD Zip Code 20850-1148
 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 **08 / 01 / 2012**
Transaction ID : 20236018
 Amount of Each Receipt this Period **250.00**

B. Dr. Christopher Otto Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 67880 E. Oak Grove Rd.
 City Montrose State CO Zip Code 81401-7438
 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 / 01 / 2012**
Transaction ID : 20238110
 Amount of Each Receipt this Period **250.00**

C. Dr. Christopher J. Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3147 Kewanee Ln.
 City Naperville State IL Zip Code 60564-5024
 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 / 01 / 2012**
Transaction ID : 20238519
 Amount of Each Receipt this Period **300.00**

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: PAGE 8 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Richard Pat Mistretta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1745 Riverglen Dr.
 City Suwanee State GA Zip Code 30024-1864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 02 / 2012**
Transaction ID : 20238579
 Amount of Each Receipt this Period **250.00**

B. Dr. Ross E. Taubman
 Full Name (Last, First, Middle Initial)
 Mailing Address Podiatry Insurance Company of Amer
 3000 Meridian Blvd. #400
 City Franklin State TN Zip Code 37067-9900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatric Insurance Company of America Occupation President & Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 02 / 2012**
Transaction ID : 20238583
 Amount of Each Receipt this Period **250.00**

C. 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 **08 / 06 / 2012**
Transaction ID : 20241368
 Amount of Each Receipt this Period **150.00**

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: (check only one)	PAGE 9 OF 32
	<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. Derek J. McCammon
Full Name (Last, First, Middle Initial)

Mailing Address 9477 S.E. Emerald Loop

City Happy Valley State OR Zip Code 97086-8037

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 ▼ 336.00

Date of Receipt 08 / 07 / 2012
Transaction ID : 20256880

Amount of Each Receipt this Period 42.00

B. Dr. John Jay Holtzman
Full Name (Last, First, Middle Initial)

Mailing Address 8011 Rosiline Dr.

City Saint Louis State MO Zip Code 63105-2544

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

Name of Employer MO Foot & Ankle Institute Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2012
Transaction ID : 20261378

Amount of Each Receipt this Period 100.00

C. Dr. Seth Matthew Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 6400 Cecil Ave.

City Clayton State MO Zip Code 63105-2225

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

Name of Employer MO Foot & Ankle Institute Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 09 / 2012
Transaction ID : 20261380

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 442.00

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 32
	<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. Gregory W. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address Ark LA Tex Foot Specialists, LLC
 385 Bert Kouns #200
 City Shreveport State LA Zip Code 71106-8158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012
Transaction ID : 20261794
 Amount of Each Receipt this Period
 100.00

B. 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
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012
Transaction ID : 20262658
 Amount of Each Receipt this Period
 50.00

C. Dr. Jerry M. Fabrikant
 Full Name (Last, First, Middle Initial)
 Mailing Address 1816 Sonnet St.
 City El Cajon State CA Zip Code 92019-4147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2012
Transaction ID : 20268522
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Douglas T. Gillis		Date of Receipt 08 / 14 / 2012 Transaction ID : 20268540
Mailing Address Arroyo Foot & Ankle Clinic 780 S. Walnut St. #3		Amount of Each Receipt this Period 50.00
City Las Cruces	State NM	
Zip Code 88001-1425		Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer Arroyo Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Ali R. Davis		Date of Receipt 08 / 14 / 2012 Transaction ID : 20268544
Mailing Address 210 1 Grant Cir.		Amount of Each Receipt this Period 100.00
City Greenwood	State MO	
Zip Code 64034-9479		Amount of Each Receipt this Period 350.00
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 ▼	

Full Name (Last, First, Middle Initial) C. Dr. Phyllis A. Weinstein		Date of Receipt 08 / 16 / 2012 Transaction ID : 20274783
Mailing Address 5104 Densmore Ave.		Amount of Each Receipt this Period 20.00
City Encino	State CA	
Zip Code 91436-1550		Amount of Each Receipt this Period 220.00
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 ▼	

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Frederick			Date of Receipt 08 / 19 / 2012 Transaction ID : 20278088
Mailing Address 30005 Forest Dr.			Amount of Each Receipt this Period 100.00
City Franklin	State MI	Zip Code 48025-1580	
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Dr. Steven E. Black			Date of Receipt 08 / 19 / 2012 Transaction ID : 20278089
Mailing Address 22855 Sparrowdell Dr.			Amount of Each Receipt this Period 50.00
City Calabasas	State CA	Zip Code 91302-1820	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatric Physician		
Receipt For: <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) C. Dr. Andrew J. Schneider			Date of Receipt 08 / 21 / 2012 Transaction ID : 20281248
Mailing Address 4326 Sarong Dr.			Amount of Each Receipt this Period 85.00
City Houston	State TX	Zip Code 77096-4425	
FEC ID number of contributing federal political committee. C			
Name of Employer Tanglewood Foot Specialists	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<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. Robert J. Warkala
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Harrowgate Dr.
 City State Zip Code
 Cherry Hill NJ 08003-1938
 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 ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2012
Transaction ID : 20281249
 Amount of Each Receipt this Period
 100.00

B. Dr. Timothy C. Ford
 Full Name (Last, First, Middle Initial)
 Mailing Address 3910 Winchester Rd.
 City State Zip Code
 Louisville KY 40207-3819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : 20281668
 Amount of Each Receipt this Period
 300.00

C. Dr. Ronald S. Lepow
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Pinewold Cir.
 City State Zip Code
 Houston TX 77056-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lepow Podiatric Medical Associates Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2012
Transaction ID : 20281673
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. David A. Parker		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281674
Mailing Address 19 Bradford Ln.		Amount of Each Receipt this Period 500.00
City Plainsboro	State NJ	Zip Code 08536-2329
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven D. Wachter		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281694
Mailing Address 113 S. State St.		Amount of Each Receipt this Period 500.00
City New Ulm	State MN	Zip Code 56073-3155
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Barry H. Block		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281696
Mailing Address 104-40 Queens Blvd.		Amount of Each Receipt this Period 300.00
City Forest Hills	State NY	Zip Code 11375-3637
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	

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: (check only one)	PAGE 15 OF 32
	<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

Full Name (Last, First, Middle Initial) A. Dr. Bradley W. Bakotic		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281697
Mailing Address 2965 Manor Bridge Dr.		Amount of Each Receipt this Period 2500.00
City Alpharetta	State GA	
Zip Code 30004-8813		Aggregate Year-to-Date ▼ 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Bako Pathology 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. Dr. Steven Gersh		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281700
Mailing Address 55 Boone Trl.		Amount of Each Receipt this Period 250.00
City Severna Park	State MD	
Zip Code 21146-4501		Aggregate Year-to-Date ▼ 250.00
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) ▼

Full Name (Last, First, Middle Initial) C. Dr. William P. Grant		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281701
Mailing Address 308 45th St.		Amount of Each Receipt this Period 300.00
City Virginia Beach	State VA	
Zip Code 23451-2513		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Tidewater Foot & Ankle Center	Occupation Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	3050.00
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 32
	<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. Harvey M. Lefkowitz
Full Name (Last, First, Middle Initial)

Mailing Address 20990 Potomac St.

City Southfield State MI Zip Code 48076-2330

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 / 20 / 2012
Transaction ID : 20281702

Amount of Each Receipt this Period 300.00

B. Dr. Lee Christopher Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 4061 Snowgoose St.

City Simi Valley State CA Zip Code 93065-0244

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

Name of Employer Valley Presbyterian Hospital Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2012
Transaction ID : 20281703

Amount of Each Receipt this Period 250.00

C. Dr. Marshall G. Solomon
Full Name (Last, First, Middle Initial)

Mailing Address 37723 Cherry Hill

City Farmington Hills State MI Zip Code 48331-4803

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 / 20 / 2012
Transaction ID : 20281704

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 17 OF 32
	<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. Milton J. Stern
 Full Name (Last, First, Middle Initial)
 Mailing Address 6970 Burtonwood Dr.
 City West Bloomfield State MI Zip Code 48322-3249
 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 / 20 / 2012
Transaction ID : 20281705
 Amount of Each Receipt this Period 300.00

B. Dr. Stuart W. Kushel
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Schalks Crossing Rd.
 City Plainsboro State NJ Zip Code 08536-1612
 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 / 20 / 2012
Transaction ID : 20281706
 Amount of Each Receipt this Period 300.00

C. Dr. Animesh S. Bhatia
 Full Name (Last, First, Middle Initial)
 Mailing Address 4561 Neiswander Sq.
 City New Albany State OH Zip Code 43054-9642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 08 / 20 / 2012
Transaction ID : 20281708
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Dr. John J. DiNella		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281709
Mailing Address 7 Rockledge Rd.		Amount of Each Receipt this Period 250.00
City Rochester	State NH	Zip Code 03867-4585
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Hal Ornstein		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281710
Mailing Address 5 Amanda Ln.		Amount of Each Receipt this Period 1053.00
City Howell	State NJ	Zip Code 07731-8941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1053.00
Name of Employer Affiliated Foot & Ankle Centers	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1053.00	

Full Name (Last, First, Middle Initial) C. Dr. John V. Guiliana		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281711
Mailing Address 488 Schooleys Mountain Rd. #1B		Amount of Each Receipt this Period 300.00
City Hackettstown	State NJ	Zip Code 07840-4001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1603.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<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. Elizabeth Grey Bass
Full Name (Last, First, Middle Initial)

Mailing Address 195 Maxton Bass Rd.

City Newton Grove State NC Zip Code 28366-7193

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 / 20 / 2012
Transaction ID : 20281712

Amount of Each Receipt this Period 300.00

B. Dr. Suha F. Kassab
Full Name (Last, First, Middle Initial)

Mailing Address 1820 Huntingwood Ln.

City Bloomfield Hills State MI Zip Code 48304-2312

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 / 20 / 2012
Transaction ID : 20281716

Amount of Each Receipt this Period 150.00

C. Dr. Michael J. Ball
Full Name (Last, First, Middle Initial)

Mailing Address 11858 N.W. 11th Pl.

City Coral Springs State FL Zip Code 33071-5036

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 / 20 / 2012
Transaction ID : 20281721

Amount of Each Receipt this Period 300.00

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: (check only one)	PAGE 20 OF 32
	<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. Leslie Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 5105 Sanibel Ct.

City Plano State TX Zip Code 75093-2583

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

Name of Employer Presbyterian Hospital of Allen Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 20 / 2012

Transaction ID : 20281725

Amount of Each Receipt this Period 1000.00

B. Dr. Ira J. Gottlieb
Full Name (Last, First, Middle Initial)

Mailing Address 8418 Stevenson Rd.

City Baltimore State MD Zip Code 21208-1835

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

Name of Employer Chesapeake Foot & Ankle Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2012

Transaction ID : 20281728

Amount of Each Receipt this Period 500.00

C. Dr. Peter A. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 1218 Painter Rd.

City Middlebury State VT Zip Code 05753-8936

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 / 20 / 2012

Transaction ID : 20281729

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Bret M. Ribotsky		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281732
Mailing Address 721 N.E. 38th St. #B		Amount of Each Receipt this Period 300.00
City Boca Raton	State FL	Zip Code 33431-6143
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. Mr. Michael Q. Davis		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281750
Mailing Address 757 Poplar Church Road		Amount of Each Receipt this Period 301.00
City Camp Hill	State PA	Zip Code 17011-2314
FEC ID number of contributing federal political committee. C		
Name of Employer Pennsylvania Podiatric Medical Associa	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.00	

Full Name (Last, First, Middle Initial) C. Dr. Harold B. Glickman		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281751
Mailing Address 11321 Berger Ter.		Amount of Each Receipt this Period 500.00
City Potomac	State MD	Zip Code 20854-2017
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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1101.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
	<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

Full Name (Last, First, Middle Initial) A. Dr. Rosario J. LaBarbera		Date of Receipt 08 / 20 / 2012 Transaction ID : 20281752
Mailing Address 321 Union Brick Rd.		Amount of Each Receipt this Period 300.00
City Blairstown	State NJ	Zip Code 07825-3411
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark J. Henson		Date of Receipt 08 / 21 / 2012 Transaction ID : 20282198
Mailing Address 106 Beechwood Ct.		Amount of Each Receipt this Period 250.00
City Griffin	State GA	Zip Code 30224-4966
FEC ID number of contributing federal political committee. C		
Name of Employer Field Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael A. Gentile		Date of Receipt 08 / 22 / 2012 Transaction ID : 20283740
Mailing Address 8045 S.W. 37th Ave.		Amount of Each Receipt this Period 1000.00
City Portland	State OR	Zip Code 97219-3603
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 23 OF 32
	<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. Thomas Charles Melillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 22862 S.W. Saunders Dr.
 City Sherwood State OR Zip Code 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
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2012
Transaction ID : 20283742
 Amount of Each Receipt this Period
 1000.00

B. Dr. Russell S. Grimes
 Full Name (Last, First, Middle Initial)
 Mailing Address St. Joseph Foot Clinic
 1005A W. St. Maartens Dr.
 City Saint Joseph State MO Zip Code 64506-2989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph Foot Clinic 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
 08 / 22 / 2012
Transaction ID : 20283742
 Amount of Each Receipt this Period
 150.00

C. Dr. Edward N. Geller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 N.W. 96th Ave.
 City Plantation State FL Zip Code 33322-5613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2012
Transaction ID : 20283772
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
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 32
	<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. Daniel Albert Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3942 Sparrow Hawk Rd.
 City Melbourne State FL Zip Code 32934-8524
 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 / 23 / 2012
Transaction ID : 20283773
 Amount of Each Receipt this Period
 300.00

B. Dr. Jay C. Goldstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 2626 N.W. 83rd Pl.
 City Portland State OR Zip Code 97229-4151
 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 / 23 / 2012
Transaction ID : 20283777
 Amount of Each Receipt this Period
 250.00

C. Dr. Sam M. Horowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2625 Bass Way
 City Hollywood State FL Zip Code 33026-3680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Surgical Group of S. FL Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 08 / 23 / 2012
Transaction ID : 20283778
 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 25 OF 32
	<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. Edward Patrick Smith Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 148 Park St.

City Springfield State VT Zip Code 05156-3034

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 / 14 / 2012
Transaction ID : 20284145

Amount of Each Receipt this Period 300.00

B. Dr. Georgina A. Asante
Full Name (Last, First, Middle Initial)

Mailing Address 1900 10th Ave. #305

City Columbus State GA Zip Code 31901-1400

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 ▼ 360.00

Date of Receipt 08 / 25 / 2012
Transaction ID : 20284315

Amount of Each Receipt this Period 45.00

C. Dr. Grayden W. King
Full Name (Last, First, Middle Initial)

Mailing Address 17704 N.E. 28th St.

City Vancouver State WA Zip Code 98682-3637

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

Name of Employer Gresham Podiatry Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2012
Transaction ID : 20290028

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 32
	<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. Brandi S. Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1412 S.E. Harney St.
 City Portland State OR Zip Code 97202-7130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 08 / 28 / 2012
Transaction ID : 20290030
 Amount of Each Receipt this Period
 300.00

B. Dr. Neil R. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1730 Main St.
 City Fortuna State CA Zip Code 95540-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 08 / 29 / 2012
Transaction ID : 20298077
 Amount of Each Receipt this Period
 300.00

C. Dr. Allan W. Rothschild
 Full Name (Last, First, Middle Initial)
 Mailing Address 254 Shore Dr.
 City Palm Harbor State FL Zip Code 34683-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 08 / 29 / 2012
Transaction ID : 20298132
 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: (check only one)	PAGE 27 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Chantal B. Lorio
 Full Name (Last, First, Middle Initial)
 Mailing Address 4424 Kawanee Ave.
 City State Zip Code
 Metairie LA 70006-2830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 20323155
 Amount of Each Receipt this Period
 500.00

B. Dr. Jimmy W. Downing
 Full Name (Last, First, Middle Initial)
 Mailing Address 685 Tanners Ln.
 City State Zip Code
 Earlysville VA 22936-9679
 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 ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2012
Transaction ID : 20323157
 Amount of Each Receipt this Period
 300.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	21446.00

**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. Friends Of Charlie Wilson

Mailing Address P.O. Box 160

City State Zip Code
Bellaire OH 43906

Purpose of Disbursement

011

Candidate Name

Rep. Charles A. Wilson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	2

Transaction ID : 20241644

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City State Zip Code
Midland MI 48640

Purpose of Disbursement

011

Candidate Name

Rep. David Lee Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	2

Transaction ID : 20241645

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Duckworth For Congress

Mailing Address P.O. Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement

011

Candidate Name

Ms. L. Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	2

Transaction ID : 20241890

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Candidate Name

Rep. Charles W. Dent

Category/Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 20284231

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement

011

Candidate Name

Rep. Marsha Blackburn

Category/Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 20284232

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Brett Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement

011

Candidate Name

Rep. Brett Guthrie

Category/Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
08 / 24 / 2012

Transaction ID : 20284233

Amount of Each Disbursement this Period

5000.00

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

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

Transaction ID : 20284238

Amount of Each Disbursement this Period

3	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Edward Whitfield

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

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

Transaction ID : 20284239

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

2	5	5	0	0	.	0	0
---	---	---	---	---	---	---	---

**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 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 checked="" 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. Department of the Treasury

Mailing Address Internal Revenue Service Center

City Ogdden State UT Zip Code 84201-0027

Purpose of Disbursement
Fiscal 2011-2012 Income Tax

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 20261978

Amount of Each Disbursement this Period

Fiscal 2011-2012 Income Tax

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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