

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road
 Check if different than previously reported. (ACC)
Bethesda MD 20814-1698

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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. William Dabdoub, DPM

Signature of Treasurer Electronically Filed by Dr. William Dabdoub, DPM Date 01 26 2011

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		346555.85
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	223309.33									
(c) Total Receipts (from Line 19)	24054.00	446482.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	247363.33	793038.02								
7. Total Disbursements (from Line 31)	3500.00	549174.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	243863.33	243863.33								
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:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	9536.00	251308.00
(ii) Unitemized	14518.00	164139.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	24054.00	415447.62
(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)	24054.00	415447.62
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	138.86
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	13000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	17895.69
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))	24054.00	446482.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24054.00	446482.17

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	17895.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	17895.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	523250.00
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	750.00
(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	750.00
29. Other Disbursements.....	0.00	7279.00
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))..	3500.00	549174.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	549174.69

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)	24054.00	415447.62
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24054.00	414697.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	17895.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	138.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	17756.83

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

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

FOR LINE NUMBER: PAGE 6 / 18
(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. 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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	1	0

Transaction ID: 18756148

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Dr. Bonnie S. Tatar

Mailing Address 115 Cardinal Cir.

City State Zip Code
Pittsburgh PA 15237-1067

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

Name of Employer Tatar Podiatry Group
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
1	1	/	2	9	/	2	0	1	0

Transaction ID: 18765521

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Marc A. Weiner

Mailing Address 2035 Wickford Ct.

City State Zip Code
Bloomfield Hills MI 48304-1088

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
1	1	/	2	9	/	2	0	1	0

Transaction ID: 18765525

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 7 / 18
(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. Neil L. Horsley

Mailing Address 231 E. 75th St.

City Chicago State IL Zip Code 60619-2267

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 01 / 2010

Transaction ID: 18769103

Amount of Each Receipt this Period 150.00

B.

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

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 ▼ 2575.00

Date of Receipt 12 / 01 / 2010

Transaction ID: 18769104

Amount of Each Receipt this Period 175.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Pawlowski

Mailing Address 1902 E. Pinto Dr.

City Gilbert State AZ Zip Code 85296-3238

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

Name of Employer East Valley Footcare, P.L.-L.C. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 01 / 2010

Transaction ID: 18769105

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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 / 18
(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. Derek J. McCammon

Mailing Address 9477 S.E. Emerald Loop

City State Zip Code
Happy Valley OR 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 ▼
504.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18769106

Amount of Each Receipt this Period
56.00

B. Full Name (Last, First, Middle Initial)
Dr. Loring J. Stead

Mailing Address 2727 Salem Rd. S.W.

City State Zip Code
Rochester MN 55902-1306

FEC ID number of contributing federal political committee. C

Name of Employer
Olmsted Medical Center
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18769107

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Dr. Bruce J. McLaughlin

Mailing Address 49 West Ln.

City State Zip Code
Brightwaters NY 11718-1025

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 ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Transaction ID: 18769108

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) 176.00

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 / 18
(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. Aniello Scotti, Jr.

Mailing Address 1 Three Pond Rd.

City State Zip Code
Smithtown NY 11787-1830

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 01 / 2010

Transaction ID: 18769109

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ryan K. Averett

Mailing Address 2158 Tumbleweed Cir.

City State Zip Code
Hayden ID 83835-8474

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
12 / 01 / 2010

Transaction ID: 18771101

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Pawlowski

Mailing Address 1902 E. Pinto Dr.

City State Zip Code
Gilbert AZ 85296-3238

FEC ID number of contributing federal political committee. C

Name of Employer East Valley Footcare, P.L.-L.C.
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 03 / 2010

Transaction ID: 18782670

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) 200.00

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 / 18
(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. Joe Mathew George

Mailing Address 5250 Grand Ave. #14

City State Zip Code
Gurnee IL 60031-1877

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

Name of Employer Occupation
MK Orthopedics Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 18788026

Amount of Each Receipt this Period
500.00

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 Occupation
Touching Ground Podiatry, P.C. Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2010

Transaction ID: 18790263

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas S. Murray

Mailing Address 10812 S.E. 3rd St.

City State Zip Code
Midwest City OK 73130-5104

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) ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2010

Transaction ID: 18791385

Amount of Each Receipt this Period
250.00

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 11 / 18

(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. Jeffrey R. DeSantis		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 2611 Circle Dr.		Transaction ID: 18791770		
	City Newport Beach	State CA	Zip Code 92663-5616	Amount of Each Receipt this Period 700.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1033.00		
Name of Employer Self-Employed		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Wesley N. Taxier		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address 1526 W. Islandia Dr.		Transaction ID: 18791840		
	City Gilbert	State AZ	Zip Code 85233-7013	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
Name of Employer Hu Hu Kam Memorial Hospital		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Mark F. Rogers		Date of Receipt MM / DD / YYYY 12 / 14 / 2010		
	Mailing Address Central UT Foot & Ankle Clinic 150 W. 800 N.		Transaction ID: 18795394		
	City Provo	State UT	Zip Code 84601-1624	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 790.00		
Name of Employer Central UT Foot & Ankle Clinic		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

1040.00

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 / 18
(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. Scott M. Soulier

Mailing Address 10281 S. 1000 W.

City State Zip Code
South Jordan UT 84095-8826

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 ▼
320.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2010

Transaction ID: 18795397

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Dr. Blake Odell Zobell

Mailing Address 855 N. 225 W.

City State Zip Code
Richfield UT 84701-1743

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 ▼
340.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2010

Transaction ID: 18795402

Amount of Each Receipt this Period
90.00

C.

Full Name (Last, First, Middle Initial)
Dr. Richard E. Ehle

Mailing Address 61 Black Walnut Ln.

City State Zip Code
Burlington CT 06013-2205

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

Name of Employer CT Foot Care Centers
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: 18795410

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **610.00**

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 / 18
(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. Robert J. Lenfestey, Sr.

Mailing Address 113 Birklands Dr.

City Cary State NC Zip Code 27518-8205

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

Name of Employer Piedmont Foot & Ankle Clinic
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2010
Transaction ID: 18795615
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 803 Fox Run Dr.

City Tooele State UT Zip Code 84074-8048

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

Name of Employer Tooele Foot Clinic
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 17 / 2010
Transaction ID: 18795621
Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Leslie P. Niehaus

Mailing Address 8708 Bedell Rd.

City Berlin Center State OH Zip Code 44401-8710

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

Name of Employer Alliance/Salem Foot & Ankle Clinic
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2010
Transaction ID: 18795622
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: PAGE 14 / 18

(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. Dominic Angelo Rizzo

Mailing Address 7111 E. Galbraith Rd.

City State Zip Code
Madeira OH 45243-1206

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

Name of Employer Self-Employed 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
1 2 / 1 7 / 2 0 1 0

Transaction ID: 18795624

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Richard W. S. Johnson

Mailing Address 517 Barefoot Trace Cir.

City State Zip Code
Saint Augustine FL 32080-8702

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 18795660

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Robert J. Warkala

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 Self-Employed Occupation
Self-Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1440.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: 18796794

Amount of Each Receipt this Period

160.00

SUBTOTAL of Receipts This Page (optional)

960.00

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 / 18
(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. John E. George

Mailing Address 104 Green St.

City State Zip Code
Northborough MA 01532-1012

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
1	2	/	2	0	/	2	0	1	0

Transaction ID: 18798639

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Dr. Amy Beth Herskowitz

Mailing Address 12 Stead Ct.

City State Zip Code
Voorhees NJ 08043-4121

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

Name of Employer Woodbury Foot Care Centre
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
1	2	/	2	1	/	2	0	1	0

Transaction ID: 18798648

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Earl R. Horowitz

Mailing Address 2550 Park St.

City State Zip Code
Jacksonville FL 32204-4518

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
1	2	/	2	1	/	2	0	1	0

Transaction ID: 18798649

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: PAGE 16 / 18
(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. Bert Altmanshofer

Mailing Address 550 Forsht Dr.

City State Zip Code
Duncansville PA 16635-9413

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

Name of Employer Self-Employed Occupation
Podiatric Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 1 0

Transaction ID: 18812375

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Steven D. Wachter

Mailing Address 113 S. State St.

City State Zip Code
New Ulm MN 56073-3155

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

Name of Employer Self-Employed Occupation
Podiatric Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18817774

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bryan James Prukop

Mailing Address Po Box 1100

City State Zip Code
San Benito TX 78586-0012

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

Name of Employer Complete Family Foot Care Occupation
Podiatric Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18817780

Amount of Each Receipt this Period
500.00

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 17 / 18
(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. Jeffrey C. Barton

Mailing Address 704 Quail Run

City State Zip Code
Wyoming DE 19934-9549

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

Name of Employer Occupation
Kent Foot & Ankle Center 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
1 2 / 3 1 / 2 0 1 0

Transaction ID: 18824502

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	9536.00

**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 18 / 18

<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) Searchlight Leadership Fund <hr/> Mailing Address 426 C Street, NE, Rear Building <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name Searchlight Leadership Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18762897 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Max Baucus <hr/> Mailing Address Box 586 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Max Baucus <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18762903 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2014 <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) ►

3500.00