



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Orthotic & Prosthetic Association PAC**

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"/>		433277.80
(b) Cash on Hand at Beginning of Reporting Period.....	471379.87	
(c) Total Receipts (from Line 19) .....	0.00	61439.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	471379.87	494716.95
7. Total Disbursements (from Line 31).....	17307.40	40644.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	454072.47	454072.47
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Orthotic & Prosthetic Association PAC**

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).....	0.00	56181.00
(ii) Unitemized .....	0.00	4258.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	60439.15
(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) .....	0.00	60439.15
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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))..... ▶	0.00	61439.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	0.00	61439.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	807.40	2141.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	807.40	2141.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	38502.68
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17307.40	40644.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17307.40	40644.48

**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) .....	0.00	60439.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	60439.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	807.40	2141.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	807.40	2141.80

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)  
**American Orthotic & Prosthetic Association PAC**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2012

Transaction ID : B444325

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2012

Transaction ID : B444326

Amount of Each Disbursement this Period

23.65
-------

Full Name (Last, First, Middle Initial)

**C. SunTrust Bank**

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2012

Transaction ID : B444327

Amount of Each Disbursement this Period

755.80
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

794.45
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**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Orthotic & Prosthetic Association PAC**

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: FL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

Transaction ID : B444328

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. SunTrust Bank**

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862

Purpose of Disbursement  
Bank Service Charge

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: FL District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

Transaction ID : B444329

Amount of Each Disbursement this Period

5.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

12.95

807.40

**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 Orthotic & Prosthetic Association PAC**

Full Name (Last, First, Middle Initial)

**A. Carmona for Arizona**

Mailing Address PO Box 12339

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard Carmona**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

**Transaction ID : B444323**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Pete Stark Re-election Committee**

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement  
Contribution

011

Candidate Name

**Pete Stark**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

**Transaction ID : B444416**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Hoosiers for Richard Mourdock Inc.**

Mailing Address PO Box 1583

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard Mourdock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2012			

**Transaction ID : B444324**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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 Orthotic & Prosthetic Association PAC**

Full Name (Last, First, Middle Initial)

**A. Scott Brown for US Senate Committee**

Mailing Address 337 Summer Street

City Boston State MA Zip Code 02210

Purpose of Disbursement Contribution

011

Candidate Name

**Scott Brown**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2012

Transaction ID : B444319

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Montanans for Rehberg**

Mailing Address P.O. Box 1597

City Helena State MT Zip Code 59624

Purpose of Disbursement Contribution

011

Candidate Name

**Dennis Rehberg**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2012

Transaction ID : B444321

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Berg for Senate**

Mailing Address PO Box 9394

City Fargo State ND Zip Code 58106

Purpose of Disbursement Contribution

011

Candidate Name

**Rick Berg**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2012

Transaction ID : B444318

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**American Orthotic & Prosthetic Association PAC**

Full Name (Last, First, Middle Initial)

**A. George Allen For US Senate**

Mailing Address 2819 North Parham Road Suite 210

City Richmond State VA Zip Code 23294

Purpose of Disbursement  
Contribution

011

Candidate Name

**George Allen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2012

Transaction ID : B444322

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Tommy Thompson for Senate**

Mailing Address P.O. Box 2539

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tommy Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2012

Transaction ID : B444320

Amount of Each Disbursement this Period

2500.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

5000.00

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

16500.00