

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 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, July 15, October 15, January 31, July 31 Mid-Year Report, 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, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2010 through 06 30 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. Barney Greenberg, DPM

Signature of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM Date 07 08 2010

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 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
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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	404949.47									
(c) Total Receipts (from Line 19)	27827.00	314070.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	432776.47	660626.47								
7. Total Disbursements (from Line 31)	70500.00	298350.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	362276.47	362276.47								
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**

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)	15866.00	195791.00
(ii) Unitemized	11961.00	110279.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27827.00	306070.62
(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)	27827.00	306070.62
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	8000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27827.00	314070.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27827.00	314070.62

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	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.....	70500.00	297750.00
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	600.00
(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	600.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70500.00	298350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70500.00	298350.00

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)	27827.00	306070.62
34. Total Contribution Refunds (from Line 28(d))	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27827.00	305470.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<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	

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. 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 ▼ 300.00

Date of Receipt 06 / 01 / 2010

Transaction ID: 18317487

Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey R. DeSantis

Mailing Address 2611 Circle Dr.

City Newport Beach State CA Zip Code 92663-5616

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 ▼ 333.00

Date of Receipt 06 / 01 / 2010

Transaction ID: 18317488

Amount of Each Receipt this Period 111.00

C. 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 ▼ 1525.00

Date of Receipt 06 / 01 / 2010

Transaction ID: 18317489

Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional) ▶ 436.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33
(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. 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 Occupation
 Olmsted Medical Center Podiatric Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 1 / 2 0 1 0
Transaction ID: 18317492
 Amount of Each Receipt this Period
 20.00

B. 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 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 Y
 0 6 / 0 1 / 2 0 1 0
Transaction ID: 18317495
 Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Laura R. Lefkowitz
 Mailing Address 1600 Pandora Ave.
 City State Zip Code
 Los Angeles CA 90024-6114
 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) ▼ 500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 4 / 2 0 1 0
Transaction ID: 18331489
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 620.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 8 / 33
(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. Mark R. Weiss

Mailing Address Century Park East Foot & Ankle Cen
2080 Century Park E. #605

City Los Angeles State CA Zip Code 90067-2021

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

Name of Employer Century Park East Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 07 / 2010
Transaction ID: 18332169
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael W. Ward

Mailing Address 1951 S. Grandview

City Dubuque State IA Zip Code 52003-7922

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

Name of Employer Dubuque Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 08 / 2010
Transaction ID: 18334992
Amount of Each Receipt this Period 150.00

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

Mailing Address 353 W. Harrison Ave.

City Charleston State IL Zip Code 61920-1856

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2010
Transaction ID: 18335088
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 33
(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. Michael S. Schey

Mailing Address 2922 Woodland Ridge Dr.

City State Zip Code
West Bloomfield MI 48323-3560

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

Name of Employer Occupation
Lakeside Podiatrists PC Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: 18337925

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. William N. McCann

Mailing Address 18 Jonathan Ln.

City State Zip Code
Bow NH 03304-3713

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

Name of Employer Occupation
Pillsbury Medical Bldg. Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: 18340597

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory A. Worley

Mailing Address 694 Chambers Rd.

City State Zip Code
Walton KY 41094-9380

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

Name of Employer Occupation
Northern KY Foot Specialists Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: 18342278

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Alvin J. Kanegis</p> <p>Mailing Address 78 Page Ln.</p> <p>City State Zip Code Westbury NY 11590-6213</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 16 / 2010</p> <p>Transaction ID: 18343164</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Harvey D. Lederman</p> <p>Mailing Address 12 Biltmore Park</p> <p>City State Zip Code Bloomfield CT 06002-2141</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation W. Hartford Podiatry Associates Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 16 / 2010</p> <p>Transaction ID: 18343696</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala</p> <p>Mailing Address 59 Harrowgate Dr</p> <p>City State Zip Code Cherry Hill NJ 08003-1938</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 480.00</p>	<p>Date of Receipt 06 / 21 / 2010</p> <p>Transaction ID: 18346917</p> <p>Amount of Each Receipt this Period 160.00</p>
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SUBTOTAL of Receipts This Page (optional)	510.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33
(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. Mark O. Ellis
Mailing Address 1166 11th St.
City Astoria State OR Zip Code 97103-2722
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 06 / 21 / 2010
Transaction ID: 18347461
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel F. Byrd
Mailing Address 615 N.W. 4th St.
City Pendleton State OR Zip Code 97801-1414
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Mountain Foot Specialists Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 21 / 2010
Transaction ID: 18347462
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Todd Rotwein
Mailing Address 335 Golf Dr.
City Oceanside State NY Zip Code 11572-5614
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 06 / 22 / 2010
Transaction ID: 18350324
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 900.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 33

(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. Paul Z. Sheremeta

Mailing Address Capital Foot Specialists
3761 Carman Rd.

City State Zip Code
Schenectady NY 12303-5418

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

Name of Employer Occupation
Capital Foot Specialists 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
0 6 / 2 2 / 2 0 1 0

Transaction ID: 18350325

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gino Scartozzi

Mailing Address 2 Aberdeen Rd.

City State Zip Code
New Hyde Park NY 11040-2102

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

Name of Employer Occupation
New Hyde Park Podiatry Podiatric Physician

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

Date of Receipt

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

Transaction ID: 18350327

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Les J. Glubo

Mailing Address 533 Churchill Rd.

City State Zip Code
Teaneck NJ 07666-2905

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
0 6 / 2 2 / 2 0 1 0

Transaction ID: 18350333

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33
(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. Randall J. Sarte

Mailing Address 6340 Almond Ave.

City State Zip Code
Orangevale CA 95662-3932

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
0	6	/	2	8	/	2	0	1	0

Transaction ID: 18358975

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Rodney J. Chan

Mailing Address 136 Armstrong Ct.

City State Zip Code
Hercules CA 94547-2024

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

Name of Employer San Francisco Podiatry Group Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 18358976

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Bruce A. Olson

Mailing Address 6000 Bridgeview Dr.

City State Zip Code
Ventura CA 93003-1203

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 ▼ 1200.00

Date of Receipt

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

Transaction ID: 18358977

Amount of Each Receipt this Period
1200.00

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: PAGE 14 / 33
(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

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. Carla Isabel Docharty

Mailing Address 3800 J St. #200

City State Zip Code
Sacramento CA 95816-5551

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: 18358980

Amount of Each Receipt this Period
400.00

B.

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

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

City State Zip Code
South Lake Tahoe CA 96150-6417

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

Name of Employer Advanced Family Foot Care Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: 18358981

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jill Robin Berlin

Mailing Address 26912 Carranza Dr.

City State Zip Code
Mission Viejo CA 92691-5002

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: 18358984

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 33
(check only one)

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

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

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

Mailing Address 3934 W. Grove Ct.

City Visalia State CA Zip Code 93291-4163

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

Name of Employer Sequoia Foot Care Group Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2010

Transaction ID: 18358985

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Timothy Scott Kneebone

Mailing Address 6888 N. Auburn Cir.

City Moorpark State CA Zip Code 93021-1304

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2010

Transaction ID: 18358988

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven L. Ginex

Mailing Address 77685 Justin Ct.

City Palm Desert State CA Zip Code 92211-6238

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 06 / 28 / 2010

Transaction ID: 18358989

Amount of Each Receipt this Period 300.00

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: PAGE 16 / 33

(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. Gary R. Dorfman

Mailing Address 6201 Valley Circle Blvd. #12

City State Zip Code
Woodland Hills CA 91367-1157

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

Name of Employer Occupation
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 18358990

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alexander Michael Reyzelman

Mailing Address 4245 Lilac Ridge Rd.

City State Zip Code
San Ramon CA 94582-5019

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

Name of Employer Occupation
Eden Podiatry Group Podiatric Physician

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

Date of Receipt

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

Transaction ID: 18358992

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Eric Michael Feit

Mailing Address 9629 Cresta Dr.

City State Zip Code
Los Angeles CA 90035-4003

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

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

Transaction ID: 18358998

Amount of Each Receipt this Period

250.00

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 17 / 33
(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. Jack Morgan

Mailing Address 360 Highland Ave.

City State Zip Code
Los Angeles CA 90036-2630

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 18359000

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. James R. LaRose

Mailing Address 914 W. Foothill Blvd. #A

City State Zip Code
Upland CA 91786-3785

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 18359001

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth B. Gerenraich

Mailing Address 25166 Rockridge Rd.

City State Zip Code
Laguna Hills CA 92653-7804

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 18359004

Amount of Each Receipt this Period
250.00

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 18 / 33
(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. William P. Crotty

Mailing Address 5601 Park Ave.

City State Zip Code
Fort Smith AR 72903-1428

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

Name of Employer: Crotty Foot Clinic, P.A. Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt: 06 / 28 / 2010
Transaction ID: 18359126
Amount of Each Receipt this Period: 3200.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel Albert Cohen

Mailing Address 3942 Sparrow Hawk Rd.

City State Zip Code
Melbourne FL 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: 06 / 28 / 2010
Transaction ID: 18359127
Amount of Each Receipt this Period: 300.00

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

Mailing Address 3812 Sepulveda Blvd. #530

City State Zip Code
Torrance CA 90505-2491

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: 06 / 29 / 2010
Transaction ID: 18359751
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 3800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 33
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Thomas S. Matysik

Mailing Address 2246 Hwy. 44 W.

City Inverness	State FL	Zip Code 34453-3808
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: 18362643

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	15866.00

**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

A.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 18319914 Date of Disbursement 06 / 02 / 2010
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 2500.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Ms. Blanche Lincoln	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff2010

B.	Full Name (Last, First, Middle Initial) Dutch Ruppertsberger For Congress	Transaction ID: 18319963 Date of Disbursement 06 / 02 / 2010
	Mailing Address 22 West Padonia Road Suite C-141	Amount of Each Disbursement this Period 1500.00
	City Timonium State MD Zip Code 21093	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. C.A. Dutch Ruppertsberger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. For Congress	Transaction ID: 18320005 Date of Disbursement 06 / 02 / 2010
	Mailing Address P. O. Box 909	Amount of Each Disbursement this Period 1000.00
	City Columbus State GA Zip Code 31902	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Sanford D. Bishop, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

PAGE 21 / 33

<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) Progressive Choices PAC Mailing Address PO Box 58 City Evanston State IL Zip Code 60204 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18320022 Date of Disbursement 06 / 02 / 2010	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress Mailing Address P.O. Box 819 PO Box 819 City Amherst State MA Zip Code 01004 Purpose of Disbursement Candidate Name Rep. John Walter Olver Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18320037 Date of Disbursement 06 / 02 / 2010	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Candidate Name Rep. Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18320077 Date of Disbursement 06 / 02 / 2010	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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

<p>A. Full Name (Last, First, Middle Initial) Snowe For Senate</p> <p>Mailing Address P.O. Box 2000</p> <p>City Portland State ME Zip Code 04104</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Olympia J. Snowe</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ME District:</p>	<p>Transaction ID: 18320125 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	2	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	2	/	2	0	1	0													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Friends Of John Thune</p> <p>Mailing Address 200 North Phillips Avenue Ste L101</p> <p>City Sioux Falls State SD Zip Code 57104</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. John Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District:</p>	<p>Transaction ID: 18329597 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	4	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	4	/	2	0	1	0													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Ed Royce For Congress</p> <p>Mailing Address P.O. Box 2525</p> <p>City Orange State CA Zip Code 92859</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Edward R. Royce</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 40</p>	<p>Transaction ID: 18329598 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	4	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	4	/	2	0	1	0													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Betty Sutton For Congress <hr/> Mailing Address 1700 W. Market St. #155 <hr/> City Akron State OH Zip Code 44313 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Betty S. Sutton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18329599 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Friends Of Jim Marshall <hr/> Mailing Address 586 Orange Street <hr/> City Macon State GA Zip Code 31201 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jim Marshall <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 18329603 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type
Full Name (Last, First, Middle Initial) Ken Calvert For Congress Committee <hr/> Mailing Address PO Box 20123 <hr/> City Riverside State CA Zip Code 92516 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Ken Calvert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18329603 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 1 0
Amount of Each Disbursement this Period 1000.00	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

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<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) Leadership Today and Tomorrow PAC	Transaction ID: 18329604 Date of Disbursement
	Mailing Address 9869 Easton Drive	<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City State Zip Code Beverly Hills CA 90210	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress	Transaction ID: 18336919 Date of Disbursement
	Mailing Address P O Box 52-2784	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City State Zip Code Miami FL 33152	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Ileana Ros-Lehtinen	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: 18337318 Date of Disbursement
	Mailing Address 4679 Winterset Drive	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City State Zip Code Columbus OH 43220	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Steve Stivers	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Defazio For Congress	Transaction ID: 18339832 Date of Disbursement
	Mailing Address PO Box 1316	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Springfield State OR Zip Code 97477	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Peter Anthony DeFazio	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 18339833 Date of Disbursement
	Mailing Address P.O. Box 83142	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Gaithersburg State MD Zip Code 20883	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Charlie A. Gonzalez	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sestak For Senate	Transaction ID: 18339835 Date of Disbursement
	Mailing Address PO Box 1936	<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Media State PA Zip Code 19063	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Mr. Joseph Sestak	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bralley For Congress	Transaction ID: 18339838 Date of Disbursement 06 / 11 / 2010
	Mailing Address PO Box 390	Amount of Each Disbursement this Period 2500.00
	City Waterloo State IA Zip Code 50704	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Bruce Bralley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TOMPAC	Transaction ID: 18339839 Date of Disbursement 06 / 11 / 2010
	Mailing Address 426 C St NE	Amount of Each Disbursement this Period 2500.00
	City W State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of John Barrow	Transaction ID: 18339840 Date of Disbursement 06 / 11 / 2010
	Mailing Address PO Box 8166	Amount of Each Disbursement this Period 1000.00
	City Savannah State GA Zip Code 31412	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Barrow	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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

<p>A. Full Name (Last, First, Middle Initial) Adrian Smith For Congress</p> <p>Mailing Address 3321 Avenue I Suite 6</p> <p>City State Zip Code Scottsbluff NE 69361</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Adrian Honorable Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NE District: 03</p>	<p>Transaction ID: 18339842 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	1	0	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	1	0													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Karen Bass For Congress</p> <p>Mailing Address 777 S. Figueroa Street Suite 4050</p> <p>City State Zip Code Los Angeles CA 90017</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Ms. Karen Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 33</p>	<p>Transaction ID: 18339845 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	1	0													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address P.O. Box 71 PO Box 71</p> <p>City State Zip Code Clarion IA 50525</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 04</p>	<p>Transaction ID: 18339864 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	1	0	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	1	0													
1500.00																						

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Born Fighting PAC <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name Born Fighting PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18342262 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 15

B. Full Name (Last, First, Middle Initial) John D. Dingell For Congress <hr/> Mailing Address 607 14th Street, Nw Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John D. Dingell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18343681 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 15

C. Full Name (Last, First, Middle Initial) Levin For Congress <hr/> Mailing Address PO Box 37 <hr/> City Roseville State MI Zip Code 48066 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Sander M. Levin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18343682 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 12

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

<p>A. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address PO Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18350279</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Stephanie Herseth Sandlin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18350280</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181-A Knight St</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18350282</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

<p>A. Full Name (Last, First, Middle Initial) Citizens For Tom Petri</p> <p>Mailing Address P.O. Box 270</p> <p>City Fond Du Lac State WI Zip Code 54936</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Thomas E. Petri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 06</p>	<p>Transaction ID: 18350283 Date of Disbursement: 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Candice Miller For Congress</p> <p>Mailing Address P.O. Box 182152</p> <p>City Shelby Township State MI Zip Code 48318</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Candice S. Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 10</p>	<p>Transaction ID: 18350896 Date of Disbursement: 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Charlie Wilson</p> <p>Mailing Address P.O. Box 160</p> <p>City Bellaire State OH Zip Code 43906</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Charles A. Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 06</p>	<p>Transaction ID: 18353979 Date of Disbursement: 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kurt Schrader For Congress	Transaction ID: 18353981 Date of Disbursement 06 / 24 / 2010
	Mailing Address PO Box 3314 Suite 240	Amount of Each Disbursement this Period 1000.00
	City Oregon City State OR Zip Code 97045	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Kurt Schrader	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress	Transaction ID: 18359032 Date of Disbursement 06 / 28 / 2010
	Mailing Address Box 137	Amount of Each Disbursement this Period 1000.00
	City Spokane State WA Zip Code 99210	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Cathy McMorris Rodgers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress	Transaction ID: 18359033 Date of Disbursement 06 / 28 / 2010
	Mailing Address 555 Capitol Mall, Suite 1425	Amount of Each Disbursement this Period 2500.00
	City Sacramento State CA Zip Code 95814	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Anna G. Eshoo	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

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<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) Friends Of Rosa Delauro	Transaction ID: 18359037 Date of Disbursement 06 / 28 / 2010
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 1000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Rosa L. DeLauro	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 18359038 Date of Disbursement 06 / 28 / 2010
	Mailing Address PO Box 360	Amount of Each Disbursement this Period 1500.00
	City Prescott State AR Zip Code 71857	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Michael Avery Ross	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Davis for Congress	Transaction ID: 18359039 Date of Disbursement 06 / 28 / 2010
	Mailing Address 5630 W. Division St.	Amount of Each Disbursement this Period 2500.00
	City Chicago State IL Zip Code 60651	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Danny K. Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

PAGE 33 / 33

<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)
Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City State Zip Code
Denver CO 80206

Purpose of Disbursement

Candidate Name
Rep. Diana DeGette

Office Sought: House
 Senate
 President
State: CO District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 18359043

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

70500.00