

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 Check if different than previously reported. (ACC)

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 07 01 2010 through 07 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. William Dabdoub, DPM

Signature of Treasurer Electronically Filed by Dr. William Dabdoub, DPM Date 08 20 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.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: 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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		346555.85
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	362276.47									
(c) Total Receipts (from Line 19) .....	31182.00	345252.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	393458.47	691808.47								
7. Total Disbursements (from Line 31) .....	53000.00	351350.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	340458.47	340458.47								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	18062.00	213853.00
(ii) Unitemized .....	13120.00	123399.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	31182.00	337252.62
(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) .....	31182.00	337252.62
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)) .....	31182.00	345252.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31182.00	345252.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	53000.00	350750.00
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))..	53000.00	351350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53000.00	351350.00

**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) .....	31182.00	337252.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31182.00	336652.62
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: PAGE 6 / 32  
(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. Mark E. Reiner

Mailing Address 2909 Abernathy Lake Cove

City State Zip Code  
Jonesboro AR 72404-8403

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

Name of Employer Occupation  
The Podiatry Group, The Podiatric Physician  
Foot Doctors.

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2010

**Transaction ID:** 18362715

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 100 Ayshire Ct.

City State Zip Code  
Slidell LA 70461-5034

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) ▼ 1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2010

**Transaction ID:** 18362722

Amount of Each Receipt this Period  
175.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jondelle B. Jenkins

Mailing Address J.B. Jenkins & Associates  
1706 E. 87th St.

City State Zip Code  
Chicago IL 60617-2740

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

Name of Employer Occupation  
J.B. Jenkins & Associates Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 01 / 2010

**Transaction ID:** 18362727

Amount of Each Receipt this Period  
625.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey Pawlowski		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 1902 E. Pinto Dr.		<b>Transaction ID:</b> 18362731		
	City Gilbert	State AZ	Zip Code 85296-3238	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer East Valley Footcare, P.L.-L.C.	Occupation Podiatric Physician	Aggregate Year-to-Date 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Derek J. McCammon		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 9477 S.E. Emerald Loop		<b>Transaction ID:</b> 18362736		
	City Happy Valley	State OR	Zip Code 97086-8037	Amount of Each Receipt this Period 56.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation Podiatric Physician	Aggregate Year-to-Date 224.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Loring J. Stead		Date of Receipt MM / DD / YYYY 07 / 01 / 2010		
	Mailing Address 2727 Salem Rd. S.W.		<b>Transaction ID:</b> 18362739		
	City Rochester	State MN	Zip Code 55902-1306	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Olmsted Medical Center	Occupation Podiatric Physician	Aggregate Year-to-Date 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>101.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Douglas T. Gillis

Mailing Address 2212 Trails End Rd.

City State Zip Code  
Las Cruces NM 88007

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

Name of Employer: Arroyo Foot & Ankle Clinic   Occupation: Podiatric Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 01 / 2010  
Transaction ID: 18362743  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Hsiao-ch'un Yu

Mailing Address Arroyo Foot & Ankle Clinic  
780 S. Walnut St. #3

City State Zip Code  
Las Cruces NM 88001-1425

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

Name of Employer: Arroyo Foot & Ankle Clinic   Occupation: Podiatric Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 01 / 2010  
Transaction ID: 18362746  
Amount of Each Receipt this Period: 50.00

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

Mailing Address 49 West Ln.

City State Zip Code  
Brightwaters NY 11718-1025

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

Name of Employer: Self-Employed   Occupation: Podiatric Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 01 / 2010  
Transaction ID: 18362751  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph M. Hughes

Mailing Address 2311 Ocean View Dr.

City State Zip Code  
Signal Hill CA 90755-3778

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

Name of Employer Occupation  
Los Alamitos Foot Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** 18362765

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bradley Charles Haves

Mailing Address 5840 W. Flagler St. #3

City State Zip Code  
Miami FL 33144-3399

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** 18362775

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard H. Rolfes

Mailing Address 441 Alta Vista Dr.

City State Zip Code  
South San Francisco CA 94080-5644

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  
MM / DD / YYYY  
07 / 02 / 2010

**Transaction ID:** 18397403

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3317 Yacht Ave.

City State Zip Code  
Lincoln City OR 97367-5188

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

Name of Employer  
Lincoln County Foot Health Center

Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18398228

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alexandra N. Buk

Mailing Address 4308 Stoneview Ct.

City State Zip Code  
Little Rock AR 72212-1986

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

Name of Employer  
AR Foot & Ankle Clinic

Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18414906

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Vafa N. Ferdowsian

Mailing Address 3 Eagle Shore Dr.

City State Zip Code  
Conway AR 72032-2204

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

Name of Employer  
Ferdowsian Foot & Ankle Clinic

Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 18414907

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 11 / 32  
(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. Geoffrey C. Bricker

Mailing Address 2122 E. Lon St.

City State Zip Code  
Springfield MO 65803-4809

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  
07 / 06 / 2010

Transaction ID: 18414910

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Chris A. Klimowich

Mailing Address 12630 Panasoffkee Dr.

City State Zip Code  
North Fort Myers FL 33903-4748

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

Name of Employer Occupation  
The Foot & Ankle Group 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  
07 / 09 / 2010

Transaction ID: 18422156

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank C. Caruana

Mailing Address 1621 Arch Bay Dr.

City State Zip Code  
Newport Beach CA 92660-6023

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

Name of Employer Occupation  
Cypress Foot Clinic 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  
07 / 09 / 2010

Transaction ID: 18422157

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Philip J. Cain

Mailing Address 77 Peshek Ln.

City Springfield State OH Zip Code 45504

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

Name of Employer Associates in Podiatry Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2010

**Transaction ID:** 18423006

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Morrill

Mailing Address 3200 Penbroke Pl.

City Lexington State KY Zip Code 40509-2016

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

Name of Employer Family Foot Care Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 09 / 2010

**Transaction ID:** 18423225

Amount of Each Receipt this Period 300.00

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

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

City Beaverton State OR Zip Code 97005-4402

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 12 / 2010

**Transaction ID:** 18423303

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Christopher J. Lamy  
Mailing Address 4717 N.E. 124th Ct.  
City Vancouver State WA Zip Code 98682-6432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Foot & Ankle Specialists NW Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 07 / 12 / 2010  
Transaction ID: 18423304  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Atalay M. Sahin  
Mailing Address 29 Church St. #14  
City East Providence State RI Zip Code 02914-3950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Prima CARE, P.C. Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 07 / 12 / 2010  
Transaction ID: 18423977  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Takashi Pignetti  
Mailing Address 20 Painted Sunset  
City The Woodlands State TX Zip Code 77380-4211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advanced Foot Care Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 12 / 2010  
Transaction ID: 18426024  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 32  
(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. Karen A. Romines

Mailing Address 9121 Folsom Blvd. #4

City State Zip Code  
Sacramento CA 95826-2473

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  
07 / 13 / 2010

Transaction ID: 18427553

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 438 Berwick Cir.

City State Zip Code  
Aurora OH 44202-8560

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

Name of Employer Occupation  
OH College of Pod. Med. 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  
07 / 13 / 2010

Transaction ID: 18427555

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen H. Powless

Mailing Address Park Nicollet Clinic  
3900 Park Nicollet Blvd.

City State Zip Code  
Saint Louis Park MN 55416-2620

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

Name of Employer Occupation  
Park Nicollet Clinic 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  
07 / 13 / 2010

Transaction ID: 18427557

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 15 / 32

(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. Krysia L. LePoer

Mailing Address 80 Dogwood Dr. #304

City State Zip Code  
West Warwick RI 02893-7543

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

Name of Employer Occupation  
University Foot Center Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 14 / 2010

Transaction ID: 18427633

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Jason Christopher Miller

Mailing Address 1735 Sandy Trail Ct.

City State Zip Code  
Kingwood TX 77339-2933

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 19 / 2010

Transaction ID: 18435286

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Lawrence S. MacTavish

Mailing Address 2702 Northgate Village Dr.

City State Zip Code  
Houston TX 77068-1453

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 19 / 2010

Transaction ID: 18435290

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Eddie P. Lo

Mailing Address 28619 9th Ave. S.

City State Zip Code  
Federal Way WA 98003-3127

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2010

**Transaction ID:** 18435294

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul E. Tipton

Mailing Address 159 Westwind Rd.

City State Zip Code  
Louisville KY 40207-1545

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

Name of Employer Tipton & Unroe, PSC Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2010

**Transaction ID:** 18435295

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William R. Todd

Mailing Address 70 Rock Rd.

City State Zip Code  
Kentfield CA 94904-2645

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2010

**Transaction ID:** 18435301

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 17 / 32  
(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. Sanford Mason

Mailing Address 140 Deere Park Ct.

City Highland Park State IL Zip Code 60035-5309

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 ▼ 2000.00

Date of Receipt 07 / 19 / 2010

Transaction ID: 18435303

Amount of Each Receipt this Period 2000.00

**B.**

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

Mailing Address 201 68th Pl.

City Kenosha State WI Zip Code 53143-5137

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 07 / 19 / 2010

Transaction ID: 18435539

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Daniel F. Ryan

Mailing Address 16288 Birchwood Ln

City Brainerd State MN Zip Code 56401-8925

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

Name of Employer Brainerd Medical Center, P.A. Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 19 / 2010

Transaction ID: 18435685

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

**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 / 32

(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 R. Joyce

Mailing Address 519 S. Van Buren Rd. #D

City State Zip Code  
Eden NC 27288-5015

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 19 / 2010

Transaction ID: 18435688

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Charles M. Cavicchio

Mailing Address 25 Greenwood Ln.

City State Zip Code  
Lincoln RI 02865-4726

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2010

Transaction ID: 18436186

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth L. Hilliard

Mailing Address 14023 110th Ave. E.

City State Zip Code  
Puyallup WA 98374-3320

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 20 / 2010

Transaction ID: 18436188

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 32  
(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. Harold B. Glickman

Mailing Address 11321 Berger Ter.

City State Zip Code  
Potomac MD 20854-2017

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: 18436199

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 3015 Rennes Ct.

City State Zip Code  
Northbrook IL 60062-5144

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  
07 / 20 / 2010

Transaction ID: 18436936

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Allen M. Jacobs

Mailing Address 6400 Clayton Rd. #402

City State Zip Code  
Saint Louis MO 63117-1850

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: 18436944

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 32

(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. David J. Freedman

Mailing Address 2128 Rose Theatre Cir.

City State Zip Code  
Olney MD 20832-1677

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) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: 18436952

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Darrin Lowe

Mailing Address 1806 San Ramon Ave.

City State Zip Code  
Berkeley CA 94707-1630

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

Name of Employer Occupation  
W. County Family Foot Center 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  
07 / 20 / 2010

Transaction ID: 18436954

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Nathan Craig Dikes

Mailing Address 11124 E. 30th Ave.

City State Zip Code  
Spokane Valley WA 99206-5890

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  
07 / 20 / 2010

Transaction ID: 18436961

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bradley R. Olson

Mailing Address 3535 Belden Dr.

City State Zip Code  
Minneapolis MN 55418-1621

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID:** 18436962

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jay C. Goldstein

Mailing Address 2626 N.W. 83rd Pl.

City State Zip Code  
Portland OR 97229-4151

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID:** 18436967

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert J. Warkala

Mailing Address 59 Harrowgate Dr

City State Zip Code  
Cherry Hill NJ 08003-1938

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2010

**Transaction ID:** 18438356

Amount of Each Receipt this Period  
160.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **560.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard S. Jason

Mailing Address 781 Queens Harbor Blvd.

City State Zip Code  
Jacksonville FL 32225-4939

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2010

**Transaction ID:** 18448225

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stuart C. Steinberg

Mailing Address 11273 Dona Lisa Dr.

City State Zip Code  
Studio City CA 91604-4314

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

Name of Employer Burbank Foot Care Center Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

**Transaction ID:** 18449323

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Fred Marino

Mailing Address 1034 Windsong Pl.

City State Zip Code  
Murfreesboro TN 37129

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

**Transaction ID:** 18449327

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 23 / 32  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. William Charles Jones

Mailing Address 10517 S. Toledo

City State Zip Code  
Tulsa OK 74137-6228

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  
07 / 26 / 2010

**Transaction ID:** 18474622

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary Lee Unsdorfer

Mailing Address 4274 Red Tail Ct.

City State Zip Code  
Medina OH 44256-2718

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 ▼ 301.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2010

**Transaction ID:** 18474642

Amount of Each Receipt this Period  
301.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **551.00**

**TOTAL** This Period (last page this line number only) ..... ► **18062.00**

**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) Upton For All Of Us	Transaction ID: 18422170 Date of Disbursement 07 / 09 / 2010
	Mailing Address P.O. Box 490	Amount of Each Disbursement this Period 2500.00
	City St. Joseph State MI Zip Code 49085	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Frederick Stephen Upton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Upton For All Of Us	Transaction ID: 18422198 Date of Disbursement 07 / 09 / 2010
	Mailing Address P.O. Box 490	Amount of Each Disbursement this Period 2500.00
	City St. Joseph State MI Zip Code 49085	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Frederick Stephen Upton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Rosa DeLauro	Transaction ID: 18424095 Date of Disbursement 07 / 12 / 2010
	Mailing Address 12 Trumbull Street	Amount of Each Disbursement this Period 2000.00
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Jim Risch For U S Senate Committee</p> <p>Mailing Address 5400 S Cole Road</p> <p>City Boise State ID Zip Code 83709</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mr. James Risch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District:</p>	<p><b>Transaction ID:</b> 18438390 <b>Date of Disbursement:</b>  <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>7</td><td>/</td><td>2</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%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	1	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	1	/	2	0	1	0													
1000.00																						
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Rangel Victory Fund</p> <p>Mailing Address PO Box 5577</p> <p>City Manhattanville Sta State NY Zip Code 10027</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rangel Victory Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> 18438392 <b>Date of Disbursement:</b>  <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>7</td><td>/</td><td>2</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%;"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	1	/	2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	1	/	2	0	1	0													
5000.00																						
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Steny H. Hoyer</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: MD District: 05</p>	<p><b>Transaction ID:</b> 18438395 <b>Date of Disbursement:</b>  <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>7</td><td>/</td><td>2</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%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	1	/	2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	1	/	2	0	1	0													
2500.00																						

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

**8500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 32

<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) Lee Terry For Congress	Transaction ID: 18438502 Date of Disbursement 07 / 21 / 2010
	Mailing Address PO Box 540098	Amount of Each Disbursement this Period 1000.00
	City Omaha State NE Zip Code 68154	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lee Terry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 18441183 Date of Disbursement 07 / 22 / 2010
	Mailing Address Ronald Reagan Republican Center 425 2nd Street, NE	Amount of Each Disbursement this Period 5000.00
	City Washington 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) Committee To Reelect Congressman Chris Smith	Transaction ID: 18441268 Date of Disbursement 07 / 22 / 2010
	Mailing Address P.O. Box 3184	Amount of Each Disbursement this Period 1000.00
	City Hamilton State NJ Zip Code 08619	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Christopher H. Smith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Maloney For Congress <hr/> Mailing Address 49 East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Carolyn B. Maloney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18441271 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Moore For Congress <hr/> Mailing Address PO Box 16646 <hr/> City Milwaukee State WI Zip Code 53216 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Gwendolynne Moore <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18441273 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Dina Titus For Congress <hr/> Mailing Address P. O. Box 50614 Suite C5 <hr/> City Henderson State NV Zip Code 89016 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dina Constadina Titus <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18441275 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Donna Edwards for Congress	Transaction ID: 18441278 Date of Disbursement 07 / 22 / 2010
	Mailing Address 3737 Branch avenue	Amount of Each Disbursement this Period 1000.00
	City Temple Hills State MD Zip Code 20748	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Donna Edwards	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Klein For Congress	Transaction ID: 18441281 Date of Disbursement 07 / 22 / 2010
	Mailing Address 21301 Powerline Road, Suite 204	Amount of Each Disbursement this Period 2000.00
	City Boca Raton State FL Zip Code 33431	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Ronald Klein	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Barbara Lee For Congress	Transaction ID: 18441284 Date of Disbursement 07 / 22 / 2010
	Mailing Address 1736 Franklin Street #550	Amount of Each Disbursement this Period 1000.00
	City Oakland State CA Zip Code 94612	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Barbara Lee	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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) Martin Heinrich For Congress, Inc.	Transaction ID: 18447989 Date of Disbursement 07 / 26 / 2010
	Mailing Address 2118 Central Avenue Se #71 City Albuquerque State NM Zip Code 87106 Purpose of Disbursement Candidate Name Rep. Martin Heinrich Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Bob Filner for Congress	Transaction ID: 18447990 Date of Disbursement 07 / 26 / 2010
	Mailing Address P.O. Box 127868 City San Diego State CA Zip Code 92112 Purpose of Disbursement Candidate Name Mr. Bob Filner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Loebsack For Congress	Transaction ID: 18447991 Date of Disbursement 07 / 26 / 2010
	Mailing Address PO Box 2720 City Cedar Rapids State IA Zip Code 52406 Purpose of Disbursement Candidate Name Rep. David Wayne Loebsack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2500.00 011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> 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) Friends Of Jim Oberstar	Transaction ID: 18447992 Date of Disbursement 07 / 26 / 2010
	Mailing Address 1017 8th St Ne	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. James L. Oberstar	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GOAL PAC (Grassroots Organizing, Acting and Leading PAC)	Transaction ID: 18447994 Date of Disbursement 07 / 26 / 2010
	Mailing Address PO Box 30344	Amount of Each Disbursement this Period 5000.00
	City Bethesda State MD Zip Code 20824	
	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) Hodes for Senate	Transaction ID: 18447996 Date of Disbursement 07 / 26 / 2010
	Mailing Address 122 C Street NW Ste. 505	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20001	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Paul Hodes	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<b>TOTAL</b> 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) Tim Bishop For Congress	Transaction ID: 18447997 Date of Disbursement
	Mailing Address PO Box 437	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="26"/> <input type="text" value="26"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Farmingville State NY Zip Code 11738	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Timothy Bishop	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kilpatrick For United States Congress	Transaction ID: 18447998 Date of Disbursement
	Mailing Address 499 South Capitol St SW Ste. 404	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="26"/> <input type="text" value="26"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Carolyn Cheeks Kilpatrick	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Davis for Congress	Transaction ID: 18450485 Date of Disbursement
	Mailing Address 5630 W. Division St.	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Chicago State IL Zip Code 60651	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Danny K. Davis	<input type="text" value="011"/> Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3500.00"/>
<b>TOTAL</b> 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)

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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) Stutzman For Congress	Transaction ID: 18450487 Date of Disbursement 07 / 29 / 2010
	Mailing Address 0250 W 600 N	Amount of Each Disbursement this Period 1000.00
	City Howe State IN Zip Code 46746	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Marlin Stutzman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Dan Lipinski for Congress	Transaction ID: 18450488 Date of Disbursement 07 / 29 / 2010
	Mailing Address 5838 South Archer Avenue	Amount of Each Disbursement this Period 1000.00
	City Chicago State IL Zip Code 60638	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Daniel Lipinski	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2000.00

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

53000.00