

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="401108.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="510292.66"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="92836.50"/>	<input type="text" value="215021.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="603129.16"/>	<input type="text" value="616129.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46000.00"/>	<input type="text" value="59000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="557129.16"/>	<input type="text" value="557129.16"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	67196.00	150268.00
(ii) Unitemized	25140.50	64253.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	92336.50	214521.00
(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)	92336.50	214521.00
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.....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	92836.50	215021.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	92836.50	215021.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	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.....	46000.00	59000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46000.00	59000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46000.00	59000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	92336.50	214521.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92336.50	214521.00
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 OF 66
<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. Dr. Phillip E. Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Timberlane Dr.
 City Florence State SC Zip Code 29506-8338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Health Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2012
Transaction ID : 19743539
 Amount of Each Receipt this Period
 250.00

B. Dr. Frank A. Spinosa
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1023
 City Shelter Island State NY Zip Code 11964-1023
 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 M / D D D / Y Y Y Y Y Y
 03 / 01 / 2012
Transaction ID : 19743540
 Amount of Each Receipt this Period
 250.00

C. Dr. William M. Jenkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Nadina Way
 City Greenbrae State CA Zip Code 94904-1131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parnassus Heights Podiatry Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 01 / 2012
Transaction ID : 19765578
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jimmy L. Gregory
Full Name (Last, First, Middle Initial)

Mailing Address 3546 Covington Hwy. #C

City Decatur State GA Zip Code 30032-1843

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 03 / 02 / 2012
Transaction ID : 19774308

Amount of Each Receipt this Period 250.00

B. Dr. Gerald D. Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 6627 Apollo Rd.

City West Linn State OR Zip Code 97068-2807

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

Name of Employer Family Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2012
Transaction ID : 19774773

Amount of Each Receipt this Period 1000.00

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

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

City Las Cruces State NM Zip Code 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 ▼ 600.00

Date of Receipt 03 / 07 / 2012
Transaction ID : 19774800

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional).....▶ 1850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10812 S.E. 3rd St.

City	State	Zip Code
Midwest City	OK	73130-5104

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

Name of Employer	Occupation
Self-Employed	Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	08	/	2012

Transaction ID : 19779961

Amount of Each Receipt this Period

300.00

B. Dr. David J. Freedman
Full Name (Last, First, Middle Initial)

Mailing Address 2128 Rose Theatre Cir.

City	State	Zip Code
Olny	MD	20832-1677

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 ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	09	/	2012

Transaction ID : 19779965

Amount of Each Receipt this Period

1000.00

C. Dr. Pamela M. Jensen-Stanley
Full Name (Last, First, Middle Initial)

Mailing Address 6767 Rush Branch Rd.

City	State	Zip Code
Somerset	KY	42501-5729

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
03	/	09	/	2012

Transaction ID : 19779966

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Neal R. Frankel
 Full Name (Last, First, Middle Initial)
 Mailing Address Advanced Foot & Ankle
 30 S. Michigan Ave. #302
 City Chicago State IL Zip Code 60603-3203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : 19779967
 Amount of Each Receipt this Period
 1000.00

B. Dr. Bruce D. Calligaro
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 Custer Dr.
 City Ringwood State NJ Zip Code 07456-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wayne Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : 19779969
 Amount of Each Receipt this Period
 1000.00

C. Dr. William J. Blake
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Santos Ln.
 City Santa Fe State NM Zip Code 87506-8915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Associates, Inc. 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 Y
 03 / 09 / 2012
Transaction ID : 19779970
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 66
	<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. Dr. Richard J. Miller
Full Name (Last, First, Middle Initial)

Mailing Address 2408 Houston Branch Rd.

City Charlotte State NC Zip Code 28270-0777

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

Name of Employer Carmel Foot Specialists Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : 19779971

Amount of Each Receipt this Period
300.00

B. Dr. Elliot Diamond
Full Name (Last, First, Middle Initial)

Mailing Address 243 Race St.

City Philadelphia State PA Zip Code 19106-1909

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

Name of Employer Center for Enhanced Podiatric Function Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : 19779972

Amount of Each Receipt this Period
500.00

C. Dr. Richard Arthur Burnell
Full Name (Last, First, Middle Initial)

Mailing Address 133 Sparkleberry Ln.

City Camden State SC Zip Code 29020-9197

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

Name of Employer Self Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : 19780304

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: (check only one)	PAGE 13 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Kathleen M. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 18807 N. 42nd Ave.
 City Glendale State AZ Zip Code 85308-7527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thunderbird Footcare Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2012
Transaction ID : 19780767
 Amount of Each Receipt this Period
 500.00

B. Benjamin J. Wallner
 Full Name (Last, First, Middle Initial)
 Mailing Address 7512 Snowpea Court Unit H
 City Alexandria State VA Zip Code 22306-2256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Podiatric Medical Association Occupation Assistant Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012
Transaction ID : 19786175
 Amount of Each Receipt this Period
 300.00

C. Dr. Jodie Noll Sengstock
 Full Name (Last, First, Middle Initial)
 Mailing Address 49450 Hudson Dr.
 City Canton State MI Zip Code 48188-1979
 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 Y
 03 / 15 / 2012
Transaction ID : 19787799
 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: (check only one)	PAGE 14 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Michael A. Conway
 Full Name (Last, First, Middle Initial)
 Mailing Address 892 N. Broadway
 City North Massapequa State NY Zip Code 11758-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massapequa Foot Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : 19788691
 Amount of Each Receipt this Period
 1000.00

B. Dr. Jason L. Seiter
 Full Name (Last, First, Middle Initial)
 Mailing Address 6224 Gordon Ln.
 City Fort Smith State AR Zip Code 72903-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : 19788692
 Amount of Each Receipt this Period
 300.00

C. Dr. Paul D. Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Serena Pl.
 City American Canyon State CA Zip Code 94503-3150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vallejo Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2012
Transaction ID : 19788694
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 66
	<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. Dr. Curtis W. Long
Full Name (Last, First, Middle Initial)

Mailing Address 1047 Brevor Pl.

City Walla Walla State WA Zip Code 99362-9381

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 **03 / 12 / 2012**

Transaction ID : 19788695

Amount of Each Receipt this Period **500.00**

B. Dr. John E. Morehead
Full Name (Last, First, Middle Initial)

Mailing Address 6666 S. 76th E. Ave.

City Tulsa State OK Zip Code 74133-1835

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 **03 / 12 / 2012**

Transaction ID : 19788701

Amount of Each Receipt this Period **500.00**

C. Dr. Ronald A. Maskarinec
Full Name (Last, First, Middle Initial)

Mailing Address 109 Oak Pointe Dr.

City Cherryville State NC Zip Code 28021-9304

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

Name of Employer Foothills Podiatry Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 14 / 2012**

Transaction ID : 19788703

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. M. Diane Collier
Full Name (Last, First, Middle Initial)

Mailing Address 800 N. Iroquois Ave.

City Dothan State AL Zip Code 36303-3224

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

Name of Employer Alabama South Family Podiatry 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 Y
 03 / 15 / 2012
Transaction ID : 19788706

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3317 Yacht Ave.

City Lincoln City State OR Zip Code 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
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012
Transaction ID : 19788733

Amount of Each Receipt this Period
 300.00

C. Dr. Troy David Zimbelman
Full Name (Last, First, Middle Initial)

Mailing Address 121 E. Poplar St.

City Prattville State AL Zip Code 36066-3638

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 Y
 03 / 16 / 2012
Transaction ID : 19788777

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: (check only one)	PAGE 17 OF 66
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Kevan R. Kreitman		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2012 Transaction ID : 19788778
Mailing Address 1409 Pierce St.		Amount of Each Receipt this Period 1000.00
City Birmingham	State MI	Zip Code 48009-1773
FEC ID number of contributing federal political committee. C		
Name of Employer Shores Podiatry Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey R. Baker		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2012 Transaction ID : 19788780
Mailing Address 111 W. Maple St. #2006		Amount of Each Receipt this Period 500.00
City Chicago	State IL	Zip Code 60610-5452
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephen D. Palmer		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2012 Transaction ID : 19788784
Mailing Address Columbia Foot & Ankle Associates, 6100 Day Long Ln. #102		Amount of Each Receipt this Period 300.00
City Clarksville	State MD	Zip Code 21029-1631
FEC ID number of contributing federal political committee. C		
Name of Employer Columbia Foot & Ankle Assoc.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Leslie Campbell			Date of Receipt 03 / 16 / 2012 Transaction ID : 19788786
Mailing Address 5105 Sanibel Ct.			Amount of Each Receipt this Period 1000.00
City Plano	State TX	Zip Code 75093-2583	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Presbyterian Hospital of Allen		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Marc Weitzman			Date of Receipt 03 / 17 / 2012 Transaction ID : 19788811
Mailing Address 10425 Kingston Ave.			Amount of Each Receipt this Period 300.00
City Huntington Woods	State MI	Zip Code 48070-1113	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
Name of Employer Self-Employed		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Lawrence B. Harkless			Date of Receipt 03 / 18 / 2012 Transaction ID : 19788818
Mailing Address 3622 Emory Way			Amount of Each Receipt this Period 500.00
City Pomona	State CA	Zip Code 91767-1109	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer Western Univ. of Health Sciences		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Karen L. Wrubel
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Albert Ct.
 City Rancho Palos Verdes State CA Zip Code 90275-5383
 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 **03 / 18 / 2012**
Transaction ID : 19788821
 Amount of Each Receipt this Period **500.00**

B. Dr. Stephen C. Wan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3221 Blume Dr.
 City Los Alamitos State CA Zip Code 90720-4812
 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 **1000.00**

Date of Receipt **03 / 18 / 2012**
Transaction ID : 19788823
 Amount of Each Receipt this Period **1000.00**

C. Dr. Barry E. Wesselowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 2901 Majestic Dr.
 City Independence State KS Zip Code 67301-1519
 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 **03 / 18 / 2012**
Transaction ID : 19788824
 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: (check only one)	PAGE 20 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Philip J. Morreale
 Full Name (Last, First, Middle Initial)
 Mailing Address 3920 Midway Dr.
 City Waterloo State IA Zip Code 50701-3152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedar Valley Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2012
Transaction ID : 19788825
 Amount of Each Receipt this Period 300.00

B. Dr. Donald G. Hovancsek
 Full Name (Last, First, Middle Initial)
 Mailing Address 7520 Sandy Point Rd. N.E.
 City Olympia State WA Zip Code 98516-9575
 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 03 / 18 / 2012
Transaction ID : 19788826
 Amount of Each Receipt this Period 300.00

C. Dr. Jerauld D. Ferritto Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2396 Club Rd.
 City Upper Arlington State OH Zip Code 43221-4005
 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 03 / 18 / 2012
Transaction ID : 19788827
 Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 27 Horton St.

City Salem State MA Zip Code 01970-2847

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 03 / 18 / 2012
Transaction ID : 19788828

Amount of Each Receipt this Period 500.00

B. Mr. Richard Bloch
Full Name (Last, First, Middle Initial)

Mailing Address 7 Pinewood Farm Court

City Owings Mills State MD Zip Code 21117-2338

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

Name of Employer Maryland Podiatric Medical Assn. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 18 / 2012
Transaction ID : 19788829

Amount of Each Receipt this Period 300.00

C. Dr. David Alan Yeager
Full Name (Last, First, Middle Initial)

Mailing Address 2165 Fawn Ridge Dr.

City Dixon State IL Zip Code 61021-9502

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

Name of Employer KSB Medical Group/Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2012
Transaction ID : 19788833

Amount of Each Receipt this Period 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Paul F. Brezinski
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 N. Kaspar Ave.
 City State Zip Code
 Arlington Heights IL 60004-5324
 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 M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788834
 Amount of Each Receipt this Period
 300.00

B. Dr. Bruce W. Smit
 Full Name (Last, First, Middle Initial)
 Mailing Address 9875 W. Lincoln Hwy. #101
 City State Zip Code
 Frankfort IL 60423-1931
 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 M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788835
 Amount of Each Receipt this Period
 300.00

C. Dr. Ada V. Paolucci
 Full Name (Last, First, Middle Initial)
 Mailing Address Essington Podiatry Group
 1960 Essington Rd. #103
 City State Zip Code
 Joliet IL 60435-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Essington Podiatry Group Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788836
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. Michael I. Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 3667 Lake Charles Dr.

City Tallahassee State FL Zip Code 32309-6711

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

Name of Employer Florida Podiatric Medical Assn. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2012
Transaction ID : 19788838

Amount of Each Receipt this Period 1000.00

B. Mr. Herman Hammerschmidt
Full Name (Last, First, Middle Initial)

Mailing Address 6 Brandon Road

City Lawrenceville State NJ Zip Code 08648-1502

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

Name of Employer New Jersey Podiatric Medical Society Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 303.00

Date of Receipt 03 / 18 / 2012
Transaction ID : 19788839

Amount of Each Receipt this Period 303.00

C. Dr. Michael Joseph Cornelison
Full Name (Last, First, Middle Initial)

Mailing Address 131 Anne Way

City Los Gatos State CA Zip Code 95032-4010

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

Name of Employer Cupertino Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2012
Transaction ID : 19788840

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1803.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Leonard Raymond LaRussa
 Full Name (Last, First, Middle Initial)
 Mailing Address 146 Briarwood Cir.
 City Americus State GA Zip Code 31709-7943
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788841
 Amount of Each Receipt this Period
 300.00

B. Dr. Alan J. Block
 Full Name (Last, First, Middle Initial)
 Mailing Address 1833 Lake Shore Dr.
 City Columbus State OH Zip Code 43204-4964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788842
 Amount of Each Receipt this Period
 300.00

C. Dr. Joseph W. Cavuoto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Debbie Ct.
 City Dix Hills State NY Zip Code 11746-5601
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788843
 Amount of Each Receipt this Period
 1000.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Dr. Barry M. Schulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7930 Diamondhead Dr.
 City Ooltewah State TN Zip Code 37363-9783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer My Foot Doctor 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 Y
 03 / 18 / 2012
Transaction ID : 19788847
 Amount of Each Receipt this Period
 500.00

B. Dr. Eric M. Kosofsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 86 Knollwood Ln.
 City Avon State CT Zip Code 06001-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hartford 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 Y Y
 03 / 18 / 2012
Transaction ID : 19788848
 Amount of Each Receipt this Period
 300.00

C. Dr. Wesley L. Daniel
 Full Name (Last, First, Middle Initial)
 Mailing Address 751 Little John Cir.
 City Gainesville State GA Zip Code 30501-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gainesville Podiatry Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788850
 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: (check only one)	PAGE 27 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Lloyd S. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 65 Hartman Rd.

City Newton Center State MA Zip Code 02459-3035

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788851

Amount of Each Receipt this Period
 300.00

B. Dr. Richard Alexander Dellinger
Full Name (Last, First, Middle Initial)

Mailing Address 3 Athena Ct.

City Little Rock State AR Zip Code 72227-5905

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 Y
 03 / 18 / 2012
Transaction ID : 19788852

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1609 N.W. 14th Ave.

City Miami State FL Zip Code 33125-1619

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788853

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: (check only one)	PAGE 28 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Eric R. Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4210 N. Virginia Rd.
 City Long Beach State CA Zip Code 90807-2631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Long Beach Memorial Medical Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788856
 Amount of Each Receipt this Period
 1000.00

B. Dr. Randy K. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6578 Post Oak Dr.
 City West Bloomfield State MI Zip Code 48322-3830
 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 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788857
 Amount of Each Receipt this Period
 1000.00

C. Dr. Jane E. Andersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1906 N. Hawick Ct.
 City Chapel Hill State NC Zip Code 27516-7738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chapel Hill Foot & Ankle Assoc. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788859
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 29 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Marc A. Borovoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 6827 Minnow Pond Dr.
 City West Bloomfield State MI Zip Code 48322-2664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Podiatrists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 18 / 2012**
Transaction ID : 19788860
 Amount of Each Receipt this Period **500.00**

B. Dr. Kenneth F. Malkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 5380 N. Ocean Dr. #4J
 City Riviera Beach State FL Zip Code 33404-2538
 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 **03 / 18 / 2012**
Transaction ID : 19788862
 Amount of Each Receipt this Period **500.00**

c. Dr. Douglas A. O'Heir
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Newland Ave.
 City Waterville State ME Zip Code 04901-5332
 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 **03 / 18 / 2012**
Transaction ID : 19788863
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. David M. Schofield
 Full Name (Last, First, Middle Initial)
 Mailing Address 1833 W. Water St. #23
 City Elmira State NY Zip Code 14905-1836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chemung Country Medical Society Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788864
 Amount of Each Receipt this Period
300.00

B. Dr. Robert A. Russo
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 Peck Rd.
 City Hilton State NY Zip Code 14468-9354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788865
 Amount of Each Receipt this Period
300.00

C. Dr. Franklin Kase
 Full Name (Last, First, Middle Initial)
 Mailing Address 2675 Basil Ln.
 City Los Angeles State CA Zip Code 90077-2005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burbank Podiatry Associates 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 Y Y
 03 / 18 / 2012
Transaction ID : 19788866
 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: (check only one)	PAGE 31 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Gary F. Stones		Date of Receipt 03 / 18 / 2012 Transaction ID : 19788867
Mailing Address 134 Hayes St.		Amount of Each Receipt this Period 500.00
City Garden City	State NY	Zip Code 11530-1001
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert W. Herpen		Date of Receipt 03 / 18 / 2012 Transaction ID : 19788868
Mailing Address 737 Hemlock Rd.		Amount of Each Receipt this Period 300.00
City Media	State PA	Zip Code 19063-1709
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Christian A. Robertozzi		Date of Receipt 03 / 18 / 2012 Transaction ID : 19788869
Mailing Address 43 Douma Dr.		Amount of Each Receipt this Period 500.00
City Newton	State NJ	Zip Code 07860-1558
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 32 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Chester A. Nava Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 Gilliland Rd.
 City Louisville State KY Zip Code 40245-4034
 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 M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788870
 Amount of Each Receipt this Period
 300.00

B. Dr. Alan S. Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Keats Rd.
 City Basking Ridge State NJ Zip Code 07920-2616
 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 M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788871
 Amount of Each Receipt this Period
 300.00

C. Dr. Lawrence E. Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 1208 Wexford Downs Ln.
 City Nashville State TN Zip Code 37211-6999
 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 M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788872
 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: (check only one)	PAGE 33 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Angela Pinkston-Ayson		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2012 Transaction ID : 19788873
Mailing Address 5504 S. 44th St.		Amount of Each Receipt this Period 500.00
City Lowell	State AR	Zip Code 72745
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Roy R. DeFrancis		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2012 Transaction ID : 19788876
Mailing Address 66 Brantwood Rd.		Amount of Each Receipt this Period 300.00
City Snyder	State NY	Zip Code 14226-4303
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark M. Schilansky		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 18 / 2012 Transaction ID : 19788877
Mailing Address 181 Elting Rd.		Amount of Each Receipt this Period 500.00
City Catskill	State NY	Zip Code 12414-6731
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 35 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Amy B. Schunemeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 N. Lewis St. #A
 City New Iberia State LA Zip Code 70563-2047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot Specialists of Acadiana Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2543.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19788887
 Amount of Each Receipt this Period
 2543.00

B. Dr. Donald R. Blum
 Full Name (Last, First, Middle Initial)
 Mailing Address 6416 Wickerwood Dr.
 City Dallas State TX Zip Code 75248-2901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S.W. Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789041
 Amount of Each Receipt this Period
 300.00

C. Dr. Mark E. Pinker
 Full Name (Last, First, Middle Initial)
 Mailing Address Pinker & Associates
 47 Brookwood Ave.
 City Carlisle State PA Zip Code 17015-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pinker & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789043
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3143.00
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 36 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Patrick A. DeHeer
 Full Name (Last, First, Middle Initial)
 Mailing Address 12205 Castle Row Overlook
 City Carmel State IN Zip Code 46033-3123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hoosier Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789044
 Amount of Each Receipt this Period
 350.00

B. Dr. Richard A. Altwerger
 Full Name (Last, First, Middle Initial)
 Mailing Address Village Medical Arts Complex
 77 Miller Rd. #202
 City Castleton On Hudson State NY Zip Code 12033-4040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789045
 Amount of Each Receipt this Period
 300.00

C. Dr. Lisa Cornelius
 Full Name (Last, First, Middle Initial)
 Mailing Address 4226 S.W. Agate Ave.
 City Corvallis State OR Zip Code 97333-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789046
 Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Terry P. Smith		Date of Receipt 03 / 18 / 2012 Transaction ID : 19789048
Mailing Address 2064 Michigan Ave.		Amount of Each Receipt this Period 300.00
City Salt Lake City	State UT	Zip Code 84108-1308
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Donald S. Feldman		Date of Receipt 03 / 18 / 2012 Transaction ID : 19789049
Mailing Address 80 Birch Brook Rd.		Amount of Each Receipt this Period 300.00
City Peekskill	State NY	Zip Code 10566
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Craig S. Friedman		Date of Receipt 03 / 18 / 2012 Transaction ID : 19789050
Mailing Address 3734 Ashley Way		Amount of Each Receipt this Period 300.00
City Owings Mills	State MD	Zip Code 21117-1400
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	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: (check only one)	PAGE 38 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Patricia Nicholas
Full Name (Last, First, Middle Initial)

Mailing Address 15 Arborvitae Ln.

City Miller Place State NY Zip Code 11764-3020

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
03 / 18 / 2012
Transaction ID : 19789051

Amount of Each Receipt this Period
300.00

B. Dr. Andrew Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 172 Lagoon Dr. W.

City Lido Beach State NY Zip Code 11561-4916

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
03 / 18 / 2012
Transaction ID : 19789052

Amount of Each Receipt this Period
300.00

C. Dr. H. F. Brown III
Full Name (Last, First, Middle Initial)

Mailing Address 14 River Valley Rd.

City Little Rock State AR Zip Code 72227-1505

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
03 / 18 / 2012
Transaction ID : 19789056

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Christopher S. Grandfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Hillcrest Rd.
 City Portage State IN Zip Code 46368-1073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789057
 Amount of Each Receipt this Period
 300.00

B. Mr. Christian H. Kindsvatter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 W. St. Joseph #200
 City Lansing State MI Zip Code 48915-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Poldiatric Medical Associatio Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789058
 Amount of Each Receipt this Period
 1000.00

C. Dr. Terence D. McDonald
 Full Name (Last, First, Middle Initial)
 Mailing Address 5430 Buchanan St.
 City Hollywood State FL Zip Code 33021-5708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Imperial Point Podiatry Assoc. 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 Y
 03 / 18 / 2012
Transaction ID : 19789059
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Bruce Gary Blank
Full Name (Last, First, Middle Initial)

Mailing Address 63728 Patch St.

City Stewartsville State OH Zip Code 43933

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

Name of Employer Achilles Foot & Ankle Surgery Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789060

Amount of Each Receipt this Period
 300.00

B. Dr. Steven P. Brancheau
Full Name (Last, First, Middle Initial)

Mailing Address 1871 Hwy. 69 S.

City Greenville State TX Zip Code 75402-9029

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

Name of Employer N. TX Family Foot Care Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789061

Amount of Each Receipt this Period
 1000.00

C. Dr. Ronald D. Jensen
Full Name (Last, First, Middle Initial)

Mailing Address Sutter Gould Medical Foundation
600 Coffee Rd.

City Modesto State CA Zip Code 95355-4201

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

Name of Employer Sutter Gould Medical Foundation Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789062

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 41 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Patricia A. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Terre Coupe St.
 City Buchanan State MI Zip Code 49107-1029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789064
 Amount of Each Receipt this Period
 250.00

B. Dr. Alyssa Kay Stephenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3665 Merlin Ct.
 City Sturtevant State WI Zip Code 53177-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Foot Clinics of WI
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2012
Transaction ID : 19789066
 Amount of Each Receipt this Period
 300.00

C. Dr. Corin Q. Wilde
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 S. Stilwell St.
 City Pittsburg State KS Zip Code 66762-6443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SEK Foot Clinic
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : 19789129
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Marc D. Lenet
Full Name (Last, First, Middle Initial)

Mailing Address 1 Shaded Glen Ct.

City Owings Mills State MD Zip Code 21117-3048

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
03 / 19 / 2012
Transaction ID : 19789135

Amount of Each Receipt this Period
250.00

B. Dr. Bruce G. Fawcett
Full Name (Last, First, Middle Initial)

Mailing Address 1302 Mayfair Rd.

City Raleigh State NC Zip Code 27608-1940

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
03 / 19 / 2012
Transaction ID : 19792379

Amount of Each Receipt this Period
300.00

C. Dr. Gerald W. Torgesen
Full Name (Last, First, Middle Initial)

Mailing Address 896 Shirley Ln.

City Boulder City State NV Zip Code 89005-3629

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

Name of Employer Self-Employed Occupation Podiatric Physician

Foot & Ankle Surgical Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 19 / 2012
Transaction ID : 19792382

Amount of Each Receipt this Period
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Todd A. Harrison		Date of Receipt 03 / 19 / 2012 Transaction ID : 19792383
Mailing Address 18819 Fountain Ter.		Amount of Each Receipt this Period 300.00
City Hagerstown	State MD	Zip Code 21742-2670
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert J. Warkala		Date of Receipt 03 / 21 / 2012 Transaction ID : 19792715
Mailing Address 59 Harrowgate Dr.		Amount of Each Receipt this Period 100.00
City Cherry Hill	State NJ	Zip Code 08003-1938
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Roderick D. Farley		Date of Receipt 03 / 26 / 2012 Transaction ID : 19798396
Mailing Address 8001 Merissa Ln. N.E.		Amount of Each Receipt this Period 250.00
City Albuquerque	State NM	Zip Code 87122-3763
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Thomas R. Komp
Full Name (Last, First, Middle Initial)

Mailing Address 2071 Elvira Way

City Suamico State WI Zip Code 54313-8082

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 03 / 27 / 2012
Transaction ID : 19798551

Amount of Each Receipt this Period 250.00

B. Dr. Robert G. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 723 Lucerne Cir.

City Ormond Beach State FL Zip Code 32174-4624

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 03 / 27 / 2012
Transaction ID : 19798553

Amount of Each Receipt this Period 300.00

C. Dr. Mack Jay Groves IV
Full Name (Last, First, Middle Initial)

Mailing Address 802 W. 10th Ave. #2

City Covington State LA Zip Code 70433-2314

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 03 / 26 / 2012
Transaction ID : 19798908

Amount of Each Receipt this Period 500.00

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: (check only one)	PAGE 45 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Carlton G. Purvis
 Full Name (Last, First, Middle Initial)
 Mailing Address 309 Old Coach Rd.
 City Rocky Mount State NC Zip Code 27804-2134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Purvis Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : 19798909
 Amount of Each Receipt this Period
 300.00

B. Dr. Harvey R. Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 791 Dow Rd.
 City Bridgewater State NJ Zip Code 08807-1168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quality Foot Care Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : 19798910
 Amount of Each Receipt this Period
 300.00

C. Dr. Vincent J. Hetherington
 Full Name (Last, First, Middle Initial)
 Mailing Address 21948 Shagbark Trl.
 City Strongsville State OH Zip Code 44149-2280
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OH College of Pod. Med. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2012
Transaction ID : 19798914
 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: (check only one)	PAGE 46 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Bart A. Kellerman
Full Name (Last, First, Middle Initial)

Mailing Address 161 Ash St.

City Reading State MA Zip Code 01867-3115

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : 19798942

Amount of Each Receipt this Period
300.00

B. Dr. Deborah A. DeRose
Full Name (Last, First, Middle Initial)

Mailing Address 880 Old Post Rd.

City Fairfield State CT Zip Code 06824-8403

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : 19798943

Amount of Each Receipt this Period
300.00

C. Dr. William P. Crotty
Full Name (Last, First, Middle Initial)

Mailing Address 5601 Park Ave.

City Fort Smith State AR Zip Code 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 ▼ **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 19799508

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **5600.00**

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 47 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Philip K. Schrupf
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Pattee Creek Dr.
 City Missoula State MT Zip Code 59801-8736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Active Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2012
Transaction ID : 19799512
 Amount of Each Receipt this Period
 300.00

B. Dr. Katherine Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address Bailey & Associates
 1307 Washington St. #100
 City Oregon State IL Zip Code 61061-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bailey & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2012
Transaction ID : 19799516
 Amount of Each Receipt this Period
 300.00

C. Dr. Stephen E. Latter
 Full Name (Last, First, Middle Initial)
 Mailing Address 14915 Quail Pointe Ln.
 City Grass Valley State CA Zip Code 95945-9600
 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 M / D D D / Y Y Y Y Y Y
 03 / 22 / 2012
Transaction ID : 19799531
 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: (check only one)	PAGE 48 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Mark B. Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 119 Pinehurst Ave.

City Albany State NY Zip Code 12203-2525

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: 03 / 22 / 2012
Transaction ID : 19799533

Amount of Each Receipt this Period: 100.00

B. Dr. Troy James Boffeli
Full Name (Last, First, Middle Initial)

Mailing Address 2648 Town Lake Dr.

City Woodbury State MN Zip Code 55125-8702

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: 03 / 22 / 2012
Transaction ID : 19799534

Amount of Each Receipt this Period: 300.00

C. Dr. Oliver S. Foster
Full Name (Last, First, Middle Initial)

Mailing Address Baldwin Hills Foot & Ankle Center
3756 Santa Rosalia Dr. #302

City Los Angeles State CA Zip Code 90008-3606

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

Name of Employer: Baldwin Hills Foot & Ankle Center Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 23 / 2012
Transaction ID : 19799551

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Kimberly A. Daley		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2012 Transaction ID : 19799553
Mailing Address 530 Lakehurst Rd. #205		Amount of Each Receipt this Period 300.00
City Toms River	State NJ	Zip Code 08755-8021
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Martin V. Sloan		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2012 Transaction ID : 19799556
Mailing Address 2409 Whispering Oaks Ct.		Amount of Each Receipt this Period 300.00
City Abilene	State TX	Zip Code 79606-4366
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Frank E. Vargo		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012 Transaction ID : 19801029
Mailing Address 7575 Andover Ln.		Amount of Each Receipt this Period 500.00
City North Royalton	State OH	Zip Code 44133-2972
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Lawrence Plotkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Lamberts Mill Rd.
 City Westfield State NJ Zip Code 07090-4748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012
Transaction ID : 19801382
 Amount of Each Receipt this Period
 300.00

B. Dr. Robert K. Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Forest Green Dr
 City La Canada State CA Zip Code 91011-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University 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 Y Y
 03 / 29 / 2012
Transaction ID : 19801386
 Amount of Each Receipt this Period
 300.00

C. Dr. Ali R. Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 210 1 Grant Cir.
 City Greenwood State MO Zip Code 64034-9479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012
Transaction ID : 19801394
 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: (check only one)	PAGE 51 OF 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) A. Dr. Mark B. Saffer		Date of Receipt 03 / 28 / 2012 Transaction ID : 19826346
Mailing Address 3165 Gilbert Ridge Rd.		Amount of Each Receipt this Period 300.00
City West Bloomfield	State MI	Zip Code 48322-1836
FEC ID number of contributing federal political committee. C	Name of Employer Midwest Health Center	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce G. Tolman		Date of Receipt 03 / 29 / 2012 Transaction ID : 19826347
Mailing Address 1540 Elk Creek		Amount of Each Receipt this Period 100.00
City Idaho Falls	State ID	Zip Code 83404-8322
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Roland A. Palmquist		Date of Receipt 03 / 29 / 2012 Transaction ID : 19826349
Mailing Address 8958 Riverside Dr.		Amount of Each Receipt this Period 500.00
City Parker	State AZ	Zip Code 85344-8088
FEC ID number of contributing federal political committee. C	Name of Employer Parker Indian Health Center	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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: (check only one)	PAGE 52 OF 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Lilly Shimahara		Date of Receipt
Mailing Address 8958 Riverside Dr.		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Parker	AZ	85344-8088
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 19826350
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Podiatric Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul Davis Brooks		Date of Receipt
Mailing Address 56 Blithewood Dr.		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Pensacola	FL	32514-8193
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 19827400
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Podiatric Physician	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph E. Silver		Date of Receipt
Mailing Address 8822 Huntington Rd.		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Huntington Woods	MI	48070-1647
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 19827404
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	Podiatric Physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 53 OF 66
(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. Darren D. Elenburg

Mailing Address Foot & Ankle Center of OK
3705 N.W. 63rd St. #200

City Oklahoma City State OK Zip Code 73116-1937

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

Name of Employer Foot and Ankle Center of Oklahoma Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 19827408

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	67196.00

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

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

FOR LINE NUMBER: PAGE 54 OF 66
(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)
Geoff Davis For Congress

Mailing Address PO Box 17192

City Ft Mitchell State KY Zip Code 41017

FEC ID number of contributing federal political committee. **C** C00369470

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2012
Transaction ID : 19780643

Amount of Each Receipt this Period
500.00

Refund of General Election Contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee To Elect Gary L. Ackerman, Inc.

Mailing Address 100 Jericho Quadrangle
233

City Jericho State NY Zip Code 11753

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Gary L. Ackerman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

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

Transaction ID : 19769108

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Tim Bishop For Congress

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Timothy Bishop

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

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

Transaction ID : 19769112

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

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

Transaction ID : 19769114

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code
Salt Lake City UT 84101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Orrin G. Hatch

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : 19769129

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Langevin For Congress

Mailing Address 181a Knight Street

City State Zip Code
Warwick RI 02886

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James R. Langevin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : 19769130

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Larson For Congress

Mailing Address 330 Main Street

City State Zip Code
Hartford CT 06106

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John B. Larson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : 19769131

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Rogers For Congress

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement

011

Category/
Type

Candidate Name

Dr. Lee Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

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

Transaction ID : 19769138

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

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

Transaction ID : 19769142

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Janice D. Schakowsky

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

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

Transaction ID : 19769144

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Schiff For Congress

Mailing Address 777 S. Figueroa St.
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Candidate Name

Rep. Adam B. Schiff

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : 19769146

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement

011

Candidate Name

Rep. Allyson Y. Schwartz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : 19769149

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Stabenow For Us Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement

011

Candidate Name

Sen. Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : 19769151

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Jon Tester

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2012

Transaction ID : 19769155

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Peter Welch

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2012

Transaction ID : 19769159

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Whitehouse for Senate

Mailing Address PO Box 40280

City Providence State RI Zip Code 02920

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sheldon Whitehouse

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2012

Transaction ID : 19769160

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

A. Friends Of Congressman Tim Holden

Mailing Address 18 North Second Street, Box 37

City State Zip Code
Saint Clair PA 17970

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tim Holden

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : 19794551

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
Funds Reported On <Enter Report Name Here>

011

Category/
Type

Candidate Name

Rep. Joseph D. Courtney

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : 19794554

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial)

C. Courtney For Congress

Mailing Address 38 Risley Road

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
Re-designated funds for trans. dated 03/01/2012

011

Category/
Type

Candidate Name

Rep. Joseph D. Courtney

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 CT Convention E

State: CT District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : 19794555

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 03/01/2012

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. McCotter Congressional Committee

Mailing Address PO Box 530788

City Livonia State MI Zip Code 48153

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thaddeus G. McCotter

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 19801458

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matheson For Congress

Mailing Address P.O. Box 521048

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. James D. Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

Transaction ID : 19801478

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3500.00

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

46000.00
