

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814 1698

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2011 through 06 30 2011

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

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

Signature of Treasurer Electronically Filed by Dr. William Dabdoub, DPM Date 07 19 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		243863.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	409473.50									
(c) Total Receipts (from Line 19)	40631.04	323166.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	450104.54	567029.44								
7. Total Disbursements (from Line 31)	30028.21	146953.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	420076.33	420076.33								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	23601.33	207827.00
(ii) Unitemized	12501.50	106287.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36102.83	314114.00
(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)	36102.83	314114.00
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	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4528.21	9052.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40631.04	323166.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40631.04	323166.11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4528.21	9052.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4528.21	9052.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	25000.00	136000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	1901.00
(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))	500.00	1901.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30028.21	146953.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30028.21	146953.11

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)	36102.83	314114.00
34. Total Contribution Refunds (from Line 28(d))	500.00	1901.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35602.83	312213.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4528.21	9052.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4528.21	9052.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Charles P. Chapel</p> <p>Mailing Address 2723 Forest Rd.</p> <p>City State Zip Code Spring Hill FL 34606-3377</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 01 / 2011</p> <p>Transaction ID: 19135611</p> <p>Amount of Each Receipt this Period 150.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Joseph William Bonura</p> <p>Mailing Address 226-A St. Joe Plaza Dr. #127</p> <p>City State Zip Code Palm Coast FL 32164-3615</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 06 / 01 / 2011</p> <p>Transaction ID: 19135613</p> <p>Amount of Each Receipt this Period 125.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub</p> <p>Mailing Address 100 Ayshire Ct.</p> <p>City State Zip Code Slidell LA 70461-5034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1600.00</p>	<p>Date of Receipt 06 / 06 / 2011</p> <p>Transaction ID: 19140803</p> <p>Amount of Each Receipt this Period 150.00</p>
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SUBTOTAL of Receipts This Page (optional)	425.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 33
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Jondelle B. Jenkins</p> <p>Mailing Address J.B. Jenkins & Associates 1706 E. 87th St.</p> <p>City State Zip Code Chicago IL 60617-2740</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1666.67</p>	<p>Date of Receipt 06 / 06 / 2011</p> <p>Transaction ID: 19140805</p> <p>Amount of Each Receipt this Period 833.33</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. William P. Crotty</p> <p>Mailing Address 5601 Park Ave.</p> <p>City State Zip Code Fort Smith AR 72903-1428</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Crotty Foot Clinic, P.A. Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt 06 / 02 / 2011</p> <p>Transaction ID: 19144403</p> <p>Amount of Each Receipt this Period 5000.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Jimmy L. Gregory</p> <p>Mailing Address 3546 Covington Hwy. #C</p> <p>City State Zip Code Decatur GA 30032-1843</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 03 / 2011</p> <p>Transaction ID: 19144410</p> <p>Amount of Each Receipt this Period 300.00</p>
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SUBTOTAL of Receipts This Page (optional)	6133.33
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph A. Manzi

Mailing Address 261 Delaware Ave.

City State Zip Code
Delmar NY 12054-1313

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 19144411

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard A. Belli

Mailing Address 408 W. 57th St.

City State Zip Code
New York NY 10019-3053

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 19146163

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven M. Grunfeld

Mailing Address Birmingham Podiatry/OrthoSports Bldg
805 St. Vincent Dr. #420

City State Zip Code
Birmingham AL 35205-1641

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

Name of Employer Birmingham Podiatry
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
0	6	/	0	6	/	2	0	1	1

Transaction ID: 19146164

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Kent S. Martin</p> <p>Mailing Address 141 Stoney Creek Dr.</p> <p>City State Zip Code Florence AL 35633-1582</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Martin Foot Specialists, Inc.</p> <p>Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 06 / 06 / 2011</p> <p>Transaction ID: 19146165</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Travis Jason Zimbelman</p> <p>Mailing Address 607 Linden Ln.</p> <p>City State Zip Code Prattville AL 36066-7366</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed</p> <p>Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 06 / 2011</p> <p>Transaction ID: 19146261</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Derek J. McCammon</p> <p>Mailing Address 9477 S.E. Emerald Loop</p> <p>City State Zip Code Portland OR 97086-8037</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed</p> <p>Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 252.00</p>	<p>Date of Receipt 06 / 07 / 2011</p> <p>Transaction ID: 19170182</p> <p>Amount of Each Receipt this Period 42.00</p>
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SUBTOTAL of Receipts This Page (optional)	1542.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Paul J. Liswood		Date of Receipt MM / DD / YYYY 06 / 08 / 2011
Mailing Address 71 Round Hill Rd.		Transaction ID: 19175496
City Roslyn Heights	State NY	Zip Code 11577-1610
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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	

B.

Full Name (Last, First, Middle Initial) Dr. Joseph S. Borreggine		Date of Receipt MM / DD / YYYY 06 / 09 / 2011
Mailing Address 353 W. Harrison Ave.		Transaction ID: 19178485
City Charleston	State IL	Zip Code 61920-1856
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Touching Ground Podiatry, P.C.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Dmitry Sandler		Date of Receipt MM / DD / YYYY 06 / 12 / 2011
Mailing Address 2830 Fairways Dr.		Transaction ID: 19180694
City Homestead	State FL	Zip Code 33035-1176
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Ross E. Taubman

Mailing Address 17325 Moss Side Ln.

City State Zip Code
Olney MD 20832-2917

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

Name of Employer Occupation
Columbia Foot & Ankle Ass- Podiatric Physician
oc.

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

Date of Receipt

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

Transaction ID: 19180842

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Paul Robert Mayo

Mailing Address 5502 W. Buena Vista Ave.

City State Zip Code
Visalia CA 93291-8863

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

Name of Employer Occupation
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 19180844

Amount of Each Receipt this Period

300.00

C.

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

Mailing Address 441 Alta Vista Dr.

City State Zip Code
South San Francisc CA 94080-5644

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

Name of Employer Occupation
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 19183331

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)
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FOR LINE NUMBER: PAGE 12 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Dale Mark Rosenblum
Mailing Address 13081 Lariat Ln.
City Santa Ana State CA Zip Code 92705-2244
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 13 / 2011
Transaction ID: 19183332
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Jack Morgan
Mailing Address 360 Highland Ave.
City Los Angeles State CA Zip Code 90036-2630
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
Date of Receipt 06 / 13 / 2011
Transaction ID: 19183333
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Aaron Meltzer
Mailing Address 1851 De Leu Dr.
City Suisun City State CA Zip Code 94534-1401
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 06 / 13 / 2011
Transaction ID: 19183334
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 850.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 13 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Paul R. Scherer

Mailing Address 1955 Webster St.

City State Zip Code
San Francisco CA 94115-2815

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183335

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary R. Dorfman

Mailing Address 6201 Valley Circle Blvd. #12

City State Zip Code
Woodland Hills CA 91367-1157

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183343

Amount of Each Receipt this Period
300.00

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

Mailing Address 77685 Justin Ct.

City State Zip Code
Palm Desert CA 92211-6238

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183344

Amount of Each Receipt this Period
300.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Steven I. Subotnick

Mailing Address 67 Lincoln Ave.

City State Zip Code
Piedmont CA 94611-3830

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183345

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Guy Danon

Mailing Address 751 Westholme Ave.

City State Zip Code
Los Angeles CA 90024-3315

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183346

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 26912 Carranza Dr.

City State Zip Code
Mission Viejo CA 92691-5002

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183347

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. William Dennis Pagliano

Mailing Address 850 Chester Ave.

City San Marino State CA Zip Code 91108-1349

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2011
Transaction ID: 19183348
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel C. Fulmer

Mailing Address P.O. Box 8067

City Fayetteville State AR Zip Code 72703-0001

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 06 / 13 / 2011
Transaction ID: 19183356
Amount of Each Receipt this Period 500.00

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

Mailing Address 3812 Sepulveda Blvd. #530

City Torrance State CA Zip Code 90505-2491

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2011
Transaction ID: 19183357
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Jason Marshall Hiatt

Mailing Address 193 Dover Dr.

City State Zip Code
Walnut Creek CA 94598-3319

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183358

Amount of Each Receipt this Period
300.00

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

Mailing Address 6888 N. Auburn Cir.

City State Zip Code
Moorpark CA 93021-1304

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183359

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Scot L. Roberg

Mailing Address 1690 Buena Vista St.

City State Zip Code
Ventura CA 93001-2215

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183360

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. William C. Landrey

Mailing Address 9474 Baseline Rd.

City State Zip Code
Alta Loma CA 91701-5822

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183361

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Frank C. Caruana

Mailing Address 1621 Arch Bay Dr.

City State Zip Code
Newport Beach CA 92660-6023

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

Name of Employer Occupation
Cypress Foot Clinic Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183362

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven M. Spinner

Mailing Address 1031 Coralina Ln.

City State Zip Code
Delray Beach FL 33483-6792

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: 19183370

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Paul Z. Sheremeta

Mailing Address Capital Foot Specialists
3761 Carman Rd.

City State Zip Code
Schenectady NY 12303-5418

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

Name of Employer Capital Foot Specialists Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2011

Transaction ID: 19189089

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 165 Burroughs Dr.

City State Zip Code
Buffalo NY 14226-3968

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2011

Transaction ID: 19189090

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Matthew Kassnove

Mailing Address 28 Deepdale Dr.

City State Zip Code
Commack NY 11725-5506

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2011

Transaction ID: 19189091

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: PAGE 19 / 33
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 166-02 12th Rd.

City State Zip Code
Beechhurst NY 11357-2806

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
MM / DD / YYYY
06 / 17 / 2011

Transaction ID: 19189194

Amount of Each Receipt this Period
500.00

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

Mailing Address 3612 Vista Charonoaks

City State Zip Code
Walnut Creek CA 94598-4050

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2011

Transaction ID: 19189254

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr. Laura R. Lefkowitz

Mailing Address 1600 Pandora Ave.

City State Zip Code
Los Angeles CA 90024-6114

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2011

Transaction ID: 19189256

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: PAGE 20 / 33
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Sanford J. Weitzbuch

Mailing Address 4499 Alta Tupelo Dr.

City State Zip Code
Calabasas CA 91302-2514

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2011

Transaction ID: 19189257

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lee Christopher Rogers

Mailing Address 3894 Sherview Dr.

City State Zip Code
Sherman Oaks CA 91403-5035

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

Name of Employer Valley Presbyterian Hospital
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2011

Transaction ID: 19189265

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 6000 Bridgeview Dr.

City State Zip Code
Ventura CA 93003-1126

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 ▼
1300.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2011

Transaction ID: 19189266

Amount of Each Receipt this Period
1300.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Chantal B. Lorio		Date of Receipt MM / DD / YYYY 06 / 17 / 2011		
	Mailing Address 4424 Kawanee Ave.		Transaction ID: 19189267		
	City Metairie	State LA	Zip Code 70006-2830	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Podiatric Physician		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Eric Michael Feit		Date of Receipt MM / DD / YYYY 06 / 17 / 2011		
	Mailing Address 9629 Cresta Dr.		Transaction ID: 19189269		
	City Los Angeles	State CA	Zip Code 90035-4003	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self-Employed		Occupation Podiatric Physician		Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan		Date of Receipt MM / DD / YYYY 06 / 20 / 2011		
	Mailing Address Austin Foot & Ankle Specialists 5000 Bee Cave Rd. #202		Transaction ID: 19189293		
	City West Lake Hills	State TX	Zip Code 78746-5254	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Austin Foot & Ankle Specialists		Occupation Podiatric Physician		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

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

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

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

A.

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

Mailing Address 59 Harrowgate Dr.

City State Zip Code
Cherry Hill NJ 08003-1938

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 960.00

Date of Receipt

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

Transaction ID: 19190604

Amount of Each Receipt this Period

160.00

B.

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

Mailing Address 2311 Ocean View Dr.

City State Zip Code
Signal Hill CA 90755-3778

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

Name of Employer Occupation
Los Alamitos Foot Center Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 1

Transaction ID: 19195574

Amount of Each Receipt this Period

46.00

C.

Full Name (Last, First, Middle Initial)
Dr. Georgina A. Asante

Mailing Address 1900 10th Ave. #305

City State Zip Code
Columbus GA 31901-1400

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 1

Transaction ID: 19195576

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

251.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Joseph H. Strickland		Date of Receipt MM / DD / YYYY 06 / 28 / 2011		
	Mailing Address 2990 Longbrooke Way		Transaction ID: 19196295		
	City Clearwater	State FL	Zip Code 33760-1719	Amount of Each Receipt this Period 100.00	
	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 ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) Dr. Robert G. Smith		Date of Receipt MM / DD / YYYY 06 / 28 / 2011		
	Mailing Address 723 Lucerne Cir.		Transaction ID: 19196304		
	City Ormond Beach	State FL	Zip Code 32174-4624	Amount of Each Receipt this Period 100.00	
	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 ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Dr. Kim G. Gauntt		Date of Receipt MM / DD / YYYY 06 / 20 / 2011		
	Mailing Address 16585 N.E. Fairview Dr.		Transaction ID: 19238471		
	City Dundee	State OR	Zip Code 97115-9108	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Foot Health Center of New-berg	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)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. John Mark Enger

Mailing Address 1125 Lakeview Blvd.

City	State	Zip Code
Albert Lea	MN	56007-1514

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

Name of Employer Community Foot Clinic	Occupation Podiatric Physician
---	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00
---	------------------------------------

Date of Receipt

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

Transaction ID: 19238473

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Melvin Bernard Price

Mailing Address 4206 30th Ln. E.

City	State	Zip Code
Bradenton	FL	34208-7383

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

Name of Employer Riverview Foot & Ankle Specialists	Occupation Podiatric Physician
--	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 1 1

Transaction ID: 19238475

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kirk W. Davis

Mailing Address 44 Monroe Dr.

City	State	Zip Code
Chambersburg	PA	17201-7914

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
---	------------------------------------

Date of Receipt

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

Transaction ID: 19238477

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Joseph S. Borreggine	Date of Receipt MM / DD / YYYY 06 / 14 / 2011
	Mailing Address 353 W. Harrison Ave.	Transaction ID: 19255498
	City State Zip Code Charleston IL 61920-1856	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	[MEMO ITEM] Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$50-0.00
	Name of Employer Occupation Touching Ground Podiatry, P.C. 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)	0.00
TOTAL This Period (last page this line number only)	23601.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 33	
	(check only one)			
<input 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 checked="" 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) APMA Government Education Fund		Date of Receipt
	Mailing Address 9312 Old Georgetown Road		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Bethesda	MD	20814
	FEC ID number of contributing federal political committee.		Transaction ID: 19255494
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="9052.11"/>	
<input type="checkbox"/> Other (specify) ▼		band fees/cc charges April-June 2011	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4528.21"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4528.21"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Braley For Congress	Transaction ID: 19179422 Date of Disbursement
	Mailing Address PO Box 390	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Waterloo State IA Zip Code 50704	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name Rep. Bruce Braley	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Schakowsky For Congress	Transaction ID: 19179423 Date of Disbursement
	Mailing Address P.O. Box 5130	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Evanston State IL Zip Code 60204	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Janice D. Schakowsky	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Loebsack For Congress	Transaction ID: 19179424 Date of Disbursement
	Mailing Address PO Box 2720	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City Cedar Rapids State IA Zip Code 52406	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. David Wayne Loebsack	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Renee Ellmers For Congress Committee</p> <p>Mailing Address P.O. Box 904</p> <p>City Dunn State NC Zip Code 28335</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Renee Ellmers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NC District: 02</p>	<p>Transaction ID: 19179425 Date of Disbursement 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) John D. Dingell For Congress</p> <p>Mailing Address 700 13th Street, Nw, Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 15</p>	<p>Transaction ID: 19179426 Date of Disbursement 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 661</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 19</p>	<p>Transaction ID: 19179427 Date of Disbursement 06 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 33

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

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

A.	Full Name (Last, First, Middle Initial) Judy Biggert For Congress	Transaction ID: 19179429 Date of Disbursement																			
	Mailing Address P.O. Box 637	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
	City Hinsdale State IL Zip Code 60522	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name Rep. Judy Biggert	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Wicker For Senate	Transaction ID: 19179491 Date of Disbursement																			
	Mailing Address PO Box 64	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	1	1												
	City Jackson State MS Zip Code 39205	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name Sen. Roger Wicker	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown	Transaction ID: 19194034 Date of Disbursement																			
	Mailing Address PO Box 76187	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	1	1												
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Sen. Sherrod Brown	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>6500.00</td></tr></table>	6500.00
6500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee</p> <p>Mailing Address PO Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 02</p>	<p>Transaction ID: 19194035 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	1	1													
2500.00																						
<p>B. Full Name (Last, First, Middle Initial) Brad Miller For United States Congress</p> <p>Mailing Address PO Box 10322</p> <p>City Raleigh State NC Zip Code 27605</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Brad Miller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 13</p>	<p>Transaction ID: 19194036 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	1	1													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Pallone For Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06</p>	<p>Transaction ID: 19194042 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	1	1	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	3		2	0	1	1													
2500.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">6000.00</td></tr></table>	6000.00
6000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 33

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

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

A.

Full Name (Last, First, Middle Initial)
Kurt Schrader For Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

Candidate Name
Rep. Kurt Schrader

Office Sought: House
 Senate
 President
State: OR District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 19194043

Date of Disbursement

06 / 23 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 33

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Joseph S. Borreggine

Mailing Address 353 W. Harrison Ave.

City Charleston State IL Zip Code 61920-1856

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 19184902

Date of Disbursement

06 / 14 / 2011

Amount of Each Disbursement this Period

500.00

Contribution Refund

SUBTOTAL of Disbursements 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)

PAGE 33 / 33

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank, N.A.

Transaction ID: 19255493

Date of Disbursement

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

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Amount of Each Disbursement this Period

4528.21

Purpose of Disbursement
bank fees/cc charges April-June 2011

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

bank fees/cc charges April-June 2011

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4528.21

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

4528.21
