

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 Orthotic & Prosthetic Association PAC

ADDRESS (number and street) 300 John Carlyle St. Suite 200
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00118430
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

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 Tom Fise

Signature of Treasurer Electronically Filed by Tom Fise Date 07 30 2009

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								
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Orthotic & Prosthetic Association PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		274141.59
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	274141.59									
(c) Total Receipts (from Line 19)	11404.00	11404.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	285545.59	285545.59								
7. Total Disbursements (from Line 31)	19648.60	19648.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	265896.99	265896.99								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
American Orthotic & Prosthetic Association PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	9850.00	9850.00
(ii) Unitemized	1554.00	1554.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11404.00	11404.00
(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)	11404.00	11404.00
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.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11404.00	11404.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11404.00	11404.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	148.60	148.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	148.60	148.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	19500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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) 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))..	19648.60	19648.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19648.60	19648.60

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	11404.00	11404.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11404.00	11404.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	148.60	148.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	148.60	148.60

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
Don DeBolt

Mailing Address 300 John Carlyle St. Suite 200

City State Zip Code
Alexandria VA 22314

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

Name of Employer American Orthotic & Prosthetic Associa
Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: A2009-2795429

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Paula A Doherty

Mailing Address 14 Everett Street Apt 6

City State Zip Code
Dorchester MA 02122

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

Name of Employer American Orthotic & Prosthetic Associa
Occupation Business Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2009

Transaction ID: A2009-3645325

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
David Falk

Mailing Address 6413 Melissa Way

City State Zip Code
Lake Worth FL 33467

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

Name of Employer Falk O&P
Occupation Prosthetist/Orthotist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: A2009-2626603

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 15
(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 Orthotic & Prosthetic Association PAC

A.

Full Name (Last, First, Middle Initial)
Rick Fleetwood

Mailing Address 1821 Beechwood

City State Zip Code
Little Rock AR 72207

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

Name of Employer Snell Prosthetic and Orthotic Lab
Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: A2009-2764536

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Rick Fleetwood

Mailing Address 1821 Beechwood

City State Zip Code
Little Rock AR 72207

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

Name of Employer Snell Prosthetic and Orthotic Lab
Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: A2009-2979322

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Edward Gildehaus, III

Mailing Address 3437 Chestnut Hill Lane

City State Zip Code
Lexington KY 40509

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

Name of Employer Central Brace & Prosthetics
Occupation Prosthetist/Orthotist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2009

Transaction ID: A2009-3645322

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:	PAGE 9 / 15
(check only one)	
<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"/>	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Sam Hamontree		Date of Receipt
	Mailing Address 14 Rue Villars		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Newport Beach	CA	92660
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3645140
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Orpro Inc		Occupation Prosthetist	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2000.00

B.	Full Name (Last, First, Middle Initial) Don Hardin		Date of Receipt
	Mailing Address 20254 Cedar Cliff Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 9
	City	State	Zip Code
	Lawrenceburg	IN	47025
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3645314
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Otto Bock Healthcare		Occupation Orthotics & Prosthetics	<input type="text"/>
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) Mr. Alfred Kritter, Jr.		Date of Receipt
	Mailing Address 300 John Carlyle St. Suite 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 9
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		Transaction ID: A2009-3645317
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Information requested		Occupation Prosthetics-Orthotics	<input type="text"/>
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)	<input type="text"/>	3500.00
TOTAL This Period (last page this line number only)	<input type="text"/>	

**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 / 15
	<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 Orthotic & Prosthetic Association PAC

A.	Full Name (Last, First, Middle Initial) Harry Layton	Date of Receipt MM / DD / YYYY 05 / 09 / 2009
	Mailing Address 7520 SW Forest Drive	Transaction ID: A2009-3645316
	City State Zip Code Lawton OK 73505	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Lawton Brace & Limb Occupation: Prosthetist/Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert Leimkuehler	Date of Receipt MM / DD / YYYY 05 / 09 / 2009
	Mailing Address 30055 Persimmon Ave.	Transaction ID: A2009-3645324
	City State Zip Code Westlake OH 44145	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Leimkuehler Inc. Occupation: Prosthetist/Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Clint Snell	Date of Receipt MM / DD / YYYY 05 / 09 / 2009
	Mailing Address 1833 Line Avenue	Transaction ID: A2009-3645318
	City State Zip Code Shreveport LA 71101	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Snell's Orthotics & Prosthetics Occupation: Prosthetist-Orthotist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

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 11 / 15	
	(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"/> 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 Orthotic & Prosthetic Association PAC

A.

Full Name (Last, First, Middle Initial) Frank E. Snell		Date of Receipt																					
Mailing Address 56 Chenal Circle		<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>5</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	5	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	5	/	1	5	/	2	0	0	9														
City	State	Zip Code	Transaction ID: A2009-3645141																				
Little Rock	AR	72223-9566	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.	C		1000.00																				
Name of Employer Snell Prosthetics & Orthotics	Occupation Prosthetist/Orthotist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00																						

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	9850.00

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 Orthotic & Prosthetic Association PAC

A.	Full Name (Last, First, Middle Initial) Dan 10 Mailing Address 1088 Bishop Street Suite 1009 City Honolulu State HI Zip Code 96813 Purpose of Disbursement Contribution Candidate Name Daniel K Inouye Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: HI District:	Transaction ID: B270561 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) Cassidy for Congress Mailing Address 3482 Drusilla Lane Suite 1 City Baton Rouge State LA Zip Code 70809 Purpose of Disbursement Contribution Candidate Name William Cassidy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06	Transaction ID: B270624 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9	Amount of Each Disbursement this Period 3000.00
C.	Full Name (Last, First, Middle Initial) Hyatt Regency Crystal City Mailing Address 2799 Jefferson Davis Highway City Alexandria State VA Zip Code 22202 Purpose of Disbursement Contribution Candidate Name Benjamin Cardin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:	Transaction ID: B270622 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 270.61 In kind: Fundraiser expenses

SUBTOTAL of Disbursements This Page (optional) ▶

5770.61

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ben Cardin for Senate

Transaction ID: B270620
Date of Disbursement

Mailing Address P.O. Box 21093

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	0	9

City State Zip Code
Catonsville MD 21228

Amount of Each Disbursement this Period

4729.39

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Benjamin Cardin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

B.

Full Name (Last, First, Middle Initial)
Friends for Harry Reid

Transaction ID: B253007
Date of Disbursement

Mailing Address P.O. Box 19163

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	0	9

City State Zip Code
Las Vegas NV 89132

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Harry Reid

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District:

C.

Full Name (Last, First, Middle Initial)
Hyatt Regency Crystal City

Transaction ID: B270623
Date of Disbursement

Mailing Address 2799 Jefferson Davis Highway

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

City State Zip Code
Alexandria VA 22202

Amount of Each Disbursement this Period

406.92

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Shelley Berkley

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District: 01

In kind: Fundraiser expenses

SUBTOTAL of Disbursements This Page (optional)

6136.31

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Berkley for Congress <hr/> Mailing Address P.O. Box 636 <hr/> City Annandale State VA Zip Code 22003 <hr/> Purpose of Disbursement Contribution Candidate Name Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B270621 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 4593.08 <hr/> 011 Category/Type
B. Full Name (Last, First, Middle Initial) Sestak for Congress <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Contribution Candidate Name Joe Sestak, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B270619 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/Type
C. Full Name (Last, First, Middle Initial) Friends of Glenn Thompson <hr/> Mailing Address P.O. Box 1112 <hr/> City State College State PA Zip Code 16804 <hr/> Purpose of Disbursement Contribution Candidate Name Glenn Thompson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B270625 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	6593.08
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 15 / 15

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

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

A.

Full Name (Last, First, Middle Initial)
Kagen 4 Congress

Transaction ID: B270562

Date of Disbursement

Mailing Address 100 W. College Ave. 50 D

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	0	9

City State Zip Code
Appleton WI 54911

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Steve Kagen

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1950.00
