

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		401108.16
(b) Cash on Hand at Beginning of Reporting Period.....	557129.16	
(c) Total Receipts (from Line 19)	42315.50	257336.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	599444.66	658444.66
7. Total Disbursements (from Line 31).....	-3500.00	55500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	602944.66	602944.66
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 04 / 30 / 2012

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).....	25909.00	176177.00
(ii) Unitemized	16406.50	80659.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	42315.50	256836.50
(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)	42315.50	256836.50
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	42315.50	257336.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	42315.50	257336.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-3500.00	55500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-3500.00	55500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-3500.00	55500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42315.50	256836.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42315.50	256836.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Dr. Jondelle B. Jenkins
 Full Name (Last, First, Middle Initial)
 Mailing Address J.B. Jenkins & Associates
 1706 E. 87th St.
 City Chicago State IL Zip Code 60617-2740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 834.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 16 / 2012
Transaction ID : 19788832
 Amount of Each Receipt this Period
 834.00

B. Dr. Elizabeth G. Tice
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Windsor Ct.
 City Ridgeland State MS Zip Code 39157-8741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2012
Transaction ID : 19829691
 Amount of Each Receipt this Period
 300.00

C. Dr. Patrick B. Hall
 Full Name (Last, First, Middle Initial)
 Mailing Address 246 W. Woodstone Ct.
 City Baton Rouge State LA Zip Code 70808-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bone & Joint Clinic of Baton Rouge, IN Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2012
Transaction ID : 19829692
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1634.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2990 Longbrooke Way

City Clearwater State FL Zip Code 33760-1719

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 04 / 2012

Transaction ID : 19830676

Amount of Each Receipt this Period
100.00

B. Dr. John N. Evans
Full Name (Last, First, Middle Initial)

Mailing Address 547 E. Huron St.

City Milford State MI Zip Code 48381-2424

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2012

Transaction ID : 19830728

Amount of Each Receipt this Period
500.00

C. Dr. Terence D. McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 5430 Buchanan St.

City Hollywood State FL Zip Code 33021-5708

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

Name of Employer Imperial Point Podiatry Assoc. Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 04 / 2012

Transaction ID : 19830738

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **04 / 04 / 2012**
Transaction ID : 19830740
 Amount of Each Receipt this Period **300.00**

B. Dr. Edward A. Schulz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1613 Virginia Ave.
 City Libertyville State IL Zip Code 60048-4447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mundelein Foot & Ankle Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 04 / 2012**
Transaction ID : 19836459
 Amount of Each Receipt this Period **500.00**

C. Dr. Don E. Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 Park Ave.
 City Wheaton State IL Zip Code 60189-6354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Glen Ellyn & Wheaton Medical Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 05 / 2012**
Transaction ID : 19836525
 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 9 OF 24
(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. Dr. Benjamin K. Marble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 W. Camino Pablo Dr.
 City Pueblo State CO Zip Code 81007-4020
 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 ▼ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012
Transaction ID : 19836526
 Amount of Each Receipt this Period
 150.00

B. Dr. Benjamin K. Marble
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 W. Camino Pablo Dr.
 City Pueblo State CO Zip Code 81007-4020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2012
Transaction ID : 19836533
 Amount of Each Receipt this Period
 150.00

C. Dr. William H. Dabdoub
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ayshire Ct.
 City Slidell State LA Zip Code 70461-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : 19838272
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Travis Jason Zimbelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 Linden Ln.
 City Prattville State AL Zip Code 36066-7366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : 19839906
 Amount of Each Receipt this Period
 300.00

B. Dr. Lawrence S. MacTavish
 Full Name (Last, First, Middle Initial)
 Mailing Address 2702 Northgate Village Dr.
 City Houston State TX Zip Code 77068-1453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : 19839908
 Amount of Each Receipt this Period
 300.00

C. Dr. Stuart L. Tessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 49th Ave.
 City Isle Of Palms State SC Zip Code 29451-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charleston Podiatry
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : 19840807
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3100.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Dr. Harvey D. Lederman
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Biltmore Park
 City Bloomfield State CT Zip Code 06002-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer W. Hartford Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : 19840808
 Amount of Each Receipt this Period
 300.00

B. Dr. Gregory W. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address Ark LA Tex Foot Specialists, LLC
 385 Bert Kouns #200
 City Shreveport State LA Zip Code 71106-8158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012
Transaction ID : 19842252
 Amount of Each Receipt this Period
 100.00

C. Dr. Raymond G. Cavaliere
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Cedar Ridge Ln.
 City Dix Hills State NY Zip Code 11746-7941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2012
Transaction ID : 19843070
 Amount of Each Receipt this Period
 250.00

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

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

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

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

A. Dr. Mark L. Willats
 Full Name (Last, First, Middle Initial)
 Mailing Address Western Plains Foot Center
 2 W. 42nd St. #2700
 City Scottsbluff State NE Zip Code 69361-4669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Western Plains Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : 19851174
 Amount of Each Receipt this Period
300.00

B. Dr. Matthew Allen Polk
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 War Memorial Dr.
 City Berkeley Springs State WV Zip Code 25411-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : 19852310
 Amount of Each Receipt this Period
300.00

C. Dr. Carol F. LaRose
 Full Name (Last, First, Middle Initial)
 Mailing Address 14321 Hancock Ln.
 City Anchorage State AK Zip Code 99515-3963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliance Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : 19852312
 Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<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 Podiatric Medical Association Political Action Committee

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

Mailing Address 723 Lucerne Cir.

City Ormond Beach State FL Zip Code 32174-4624

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
04 / 10 / 2012
Transaction ID : 19852317

Amount of Each Receipt this Period
200.00

B. Dr. Alan E. Singer
Full Name (Last, First, Middle Initial)

Mailing Address 4 Golden Crest Ct.

City Rockville State MD Zip Code 20854-2982

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
04 / 10 / 2012
Transaction ID : 19852318

Amount of Each Receipt this Period
250.00

C. Dr. Laurence K. Connelley Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 10020 W. Markham St.

City Little Rock State AR Zip Code 72205-2130

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
04 / 13 / 2012
Transaction ID : 19854865

Amount of Each Receipt this Period
500.00

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

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

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

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

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

A. Dr. Jon R. Goldsmith
Full Name (Last, First, Middle Initial)

Mailing Address 2209 N. 164th St.

City Omaha State NE Zip Code 68116-2532

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

Name of Employer self Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 16 / 2012
Transaction ID : 19854935

Amount of Each Receipt this Period
300.00

B. Dr. Mark L. Appleton
Full Name (Last, First, Middle Initial)

Mailing Address 5422 Beech Ridge Dr.

City Fairfax State VA Zip Code 22030-4618

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 ▼ 201.00

Date of Receipt
04 / 16 / 2012
Transaction ID : 19855035

Amount of Each Receipt this Period
100.00

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

Mailing Address 25 Greenwood Ln.

City Lincoln State RI Zip Code 02865-4726

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 16 / 2012
Transaction ID : 19855037

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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

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

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

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

A. Dr. Michael E. Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 16137 Leone Drive
 City Macomb State MI Zip Code 48042-4063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Graham International Implant Institute Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : 19855050
 Amount of Each Receipt this Period
 5000.00

B. Dr. Marc D. Lenet
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Shaded Glen Ct.
 City Owings Mills State MD Zip Code 21117-3048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012
Transaction ID : 19858204
 Amount of Each Receipt this Period
 250.00

C. Dr. Joel W. Brook
 Full Name (Last, First, Middle Initial)
 Mailing Address 16226 Red Cedar Trl.
 City Dallas State TX Zip Code 75248-3940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dallas Podiatry Works Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2012
Transaction ID : 19859294
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 OF 24
(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. Dr. Betty M. Carreira
 Full Name (Last, First, Middle Initial)
 Mailing Address 21A Purcell Dr.
 City Danbury State CT Zip Code 06810-7024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012
Transaction ID : 19859357
 Amount of Each Receipt this Period
 300.00

B. Dr. Joel Scott Segalman
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Neds Ln.
 City Ridgefield State CT Zip Code 06877-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Chase Parkway Podiatry Group Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012
Transaction ID : 19859362
 Amount of Each Receipt this Period
 300.00

C. Dr. Thomas V. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 Main St.
 City Suffield State CT Zip Code 06078-1332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Podiatry Care Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 19 / 2012
Transaction ID : 19859365
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Peter A. Blume		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 19 / 2012 Transaction ID : 19859366
Mailing Address 22 Timber Ln.		Amount of Each Receipt this Period 1000.00
City Woodbridge	State CT	Zip Code 06525-1835
FEC ID number of contributing federal political committee. C		
Name of Employer Blume Pod. Group/Aff. Foot Surgeons	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Abrahamsen		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 19 / 2012 Transaction ID : 19859368
Mailing Address 190 Old Mill Rd.		Amount of Each Receipt this Period 300.00
City Fairfield	State CT	Zip Code 06824-4928
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrew Rice		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 19 / 2012 Transaction ID : 19859371
Mailing Address Fairfield County Foot Surgeons 4 Colony St.		Amount of Each Receipt this Period 300.00
City Norwalk	State CT	Zip Code 06851-5803
FEC ID number of contributing federal political committee. C		
Name of Employer Fairfield County Foot Surgeons	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).....▶	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 18 OF 24
(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. Dr. Jeffrey S. Kahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Murphy Dr.
 City Rocky Hill State CT Zip Code 06067-1865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT Foot Care Centers Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2012
Transaction ID : 19859372
 Amount of Each Receipt this Period 300.00

B. Dr. Robert J. Warkala
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Harrowgate Dr.
 City Cherry Hill State NJ Zip Code 08003-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 21 / 2012
Transaction ID : 19859599
 Amount of Each Receipt this Period 100.00

C. Dr. William T. Beasley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1317 Leighton Cir.
 City Louisville State KY Zip Code 40222-5666
 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 04 / 20 / 2012
Transaction ID : 19859808
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Joseph William Bonura
 Full Name (Last, First, Middle Initial)
 Mailing Address 226-A St. Joe Plaza Dr. #127
 City State Zip Code
 Palm Coast FL 32164-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : 19860339
 Amount of Each Receipt this Period
 250.00

B. Dr. Michael B. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 68th Pl.
 City State Zip Code
 Kenosha WI 53143-5137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 19862485
 Amount of Each Receipt this Period
 125.00

C. Dr. Richard P. Reinherz
 Full Name (Last, First, Middle Initial)
 Mailing Address 446 Ronnie Dr.
 City State Zip Code
 Buffalo Grove IL 60089-1152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Family Foot Care Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 27 / 2012
Transaction ID : 19863145
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1951 S. Grandview Ave.

City Dubuque	State IA	Zip Code 52003-7922
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dubuque Podiatry	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2012

Transaction ID : 19863205

Amount of Each Receipt this Period
300.00

B. Dr. Ethan J. Ciment
Full Name (Last, First, Middle Initial)

Mailing Address 8 Brookside Road

City Maplewood	State NJ	Zip Code 07040-1202
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	30	/	2012

Transaction ID : 19864739

Amount of Each Receipt this Period
500.00

C. Dr. Tony D. H. Kim
Full Name (Last, First, Middle Initial)

Mailing Address 2129 Sunrise Cir.

City Wenatchee	State WA	Zip Code 98801-1046
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FEC ID number of contributing federal political committee. **C**

Name of Employer PRIVATE PRACTICE	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
04	/	30	/	2012

Transaction ID : 19864951

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 22 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Lawrence Zane Huppin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7109 Dayton Ave. N.
 City Seattle State WA Zip Code 98103-5029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Foot & Ankle Center of WA Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 19864962
 Amount of Each Receipt this Period
 1000.00

B. Dr. Timothy S. Grace
 Full Name (Last, First, Middle Initial)
 Mailing Address 8701 182nd St. E.
 City Puyallup State WA Zip Code 98375-6240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 19864963
 Amount of Each Receipt this Period
 1000.00

C. Dr. Ronald S. Markizon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2443 Madison Ave.
 City Vineland State NJ Zip Code 08361-6128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : 19864969
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Alan J. Discont
Full Name (Last, First, Middle Initial)

Mailing Address 8880 E Withersfield Rd.

City Scottsdale State AZ Zip Code 85260-5009

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

Name of Employer Family Foot & Ankle Care Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 19890394

Amount of Each Receipt this Period
 200.00

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

Mailing Address The Podiatry Group
637 E. Matthews Ave.

City Jonesboro State AR Zip Code 72401-3145

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

Name of Employer The Podiatry Group Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012

Transaction ID : 19890846

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	25909.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

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

Mailing Address 100 Jericho Quadrangle
233

City Jericho State NY Zip Code 11753

Purpose of Disbursement
Void - Returned Check from Ackerman For Congress

011

Category/
Type

Candidate Name

Rep. Gary L. Ackerman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2012

Transaction ID : 19860319

Amount of Each Disbursement this Period

-1000.00

Void - Returned Check from Ackerman For Congress

Full Name (Last, First, Middle Initial)

B. Mcconnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Void - Mcconnell Senate Committee '14

011

Category/
Type

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2012

Transaction ID : 19897663

Amount of Each Disbursement this Period

-2500.00

Void - Mcconnell Senate Committee '14

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

-3500.00

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

-3500.00
