

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814 1698 Check if different than previously reported. (ACC)

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

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

5. Covering Period 10 01 2009 through 10 31 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 Dr. Barney Greenberg, DPM

Signature of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM Date 11 20 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.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty boxes. Text: 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 |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
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| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>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 |  | 322169.33 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 9 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 355898.85               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 31693.00                | 403786.50                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 387591.85               | 725955.83                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 45500.00                | 383863.98                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 342091.85               | 342091.85                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |           |

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
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|   |   |
|---|---|
| D | D |
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|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 17750.00                      | 254693.00                         |
| (ii) Unitemized .....  | 13943.00                      | 147093.50                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 31693.00                      | 401786.50                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 1000.00                           |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 31693.00                      | 402786.50                         |
| 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                          | 1000.00                           |
| 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)) .....                          | 31693.00                      | 403786.50                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 31693.00                      | 403786.50                         |

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 0.00                          | 61906.23                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                          | 61906.23                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 45500.00                      | 320960.25                         |
| 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                          | 212.50                            |
| (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                          | 212.50                            |
| 29. Other Disbursements.....   | 0.00                          | 785.00                            |
| 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))..       | 45500.00                      | 383863.98                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 45500.00                      | 383863.98                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3 .....         | 31693.00                      | 402786.50                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 212.50                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 31693.00                      | 402574.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 61906.23                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 61906.23                          |

# 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)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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)  
Ms. Tracey G. Henley

Mailing Address 10310 Inwood Avenue

City State Zip Code  
Silver Spring MD 20902-3860

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

Name of Employer Occupation  
American Podiatric Medical Association PAC Manager

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: 17583574

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. G. Marc Conner

Mailing Address 1077 Crystal Basin Dr.

City State Zip Code  
Colorado Springs CO 80921-7639

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) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: 17584456

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. John Julian Renard

Mailing Address 1737 11th Ave.

City State Zip Code  
Green Bay WI 54304-3703

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

Name of Employer Occupation  
Renard Foot & Ankle Specialist Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

Transaction ID: 17584457

Amount of Each Receipt this Period

250.00

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

550.00

**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 / 33                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Alan R. Catanzariti  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2009 |
|           | Mailing Address 1189 Lakemont Dr.   | <b>Transaction ID:</b> 17584459                     |
|           | City State Zip Code<br>Pittsburgh PA 15243-1856   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Podiatric Physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Robert P. Drake  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2009 |
|           | Mailing Address Springwood Podiatry Group<br>255 N. Gilbert #B  | <b>Transaction ID:</b> 17584467                     |
|           | City State Zip Code<br>Hemet CA 92543-4066  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Springwood Podiatry Group<br>Occupation Podiatric Physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Kim G. Gauntt  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2009 |
|           | Mailing Address 16585 N.E. Fairview Dr.   | <b>Transaction ID:</b> 17584469                     |
|           | City State Zip Code<br>Dundee OR 97115-9108   | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Foot Health Center of Newberg<br>Occupation Podiatric Physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>800.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 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. 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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** 17584471

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Cyril M. Scully

Mailing Address 5 Teton St.

City State Zip Code  
Kenner LA 70065-1026

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

Name of Employer Occupation  
Foot Clinics 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  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** 17584473

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen K. Grandfield

Mailing Address 7 The Thumb

City State Zip Code  
Portage IN 46368-8706

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 / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** 17584474

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <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. Mark A. Majeski

Mailing Address 696 Schoolhouse Ln.

City State Zip Code  
Toms River NJ 08753-5600

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  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** 17588163

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Michael J. Marcus

Mailing Address 405 Goldenrod Ave.

City State Zip Code  
Corona Del Mar CA 92625-2913

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** 17588171

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Edward A. Schulz

Mailing Address 1613 Virginia Ave.

City State Zip Code  
Libertyville IL 60048-3339

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

Name of Employer Occupation  
Mundelein Foot & Ankle Center 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  
1 0 / 0 1 / 2 0 0 9

**Transaction ID:** 17588172

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) ..... ►

**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)  
 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. Troy James Boffeli

Mailing Address 2648 Town Lake Dr.

City State Zip Code  
Woodbury MN 55125-8702

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  
10 / 02 / 2009

**Transaction ID:** 17588956

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey S. Boberg

Mailing Address 12651 Westport Dr.

City State Zip Code  
Saint Louis MO 63146-3846

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  
10 / 02 / 2009

**Transaction ID:** 17588958

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark S. Lucas

Mailing Address 3430 Johnathan Ave.

City State Zip Code  
Bettendorf IA 52722-2825

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  
10 / 05 / 2009

**Transaction ID:** 17592726

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 600.00

**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. Dennis M. Weber

Mailing Address 15 Lily Pond Ct.

City State Zip Code  
Rockville MD 20852-4230

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** 17595149

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 3812 Sepulveda Blvd. #530

City State Zip Code  
Torrance CA 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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** 17595150

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1735 Sandy Trail Ct.

City State Zip Code  
Kingwood TX 77339-2933

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 08 / 2009

**Transaction ID:** 17598202

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 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. Lawrence Zane Huppin

Mailing Address 7109 Dayton Ave. N.

City State Zip Code  
Seattle WA 98103-5029

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

Name of Employer Occupation  
Foot & Ankle Center of WA Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** 17598203

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jerry M. Fabrikant

Mailing Address 1816 Sonnet St.

City State Zip Code  
El Cajon CA 92019-4147

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) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** 17598214

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Andrew S. Soo

Mailing Address Midway Foot & Ankle Clinic  
26234 Pacific Hwy. S.

City State Zip Code  
Kent WA 98032-6934

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

Name of Employer Occupation  
Midway Foot & Ankle Clinic Podiatric Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID:** 17598215

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**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)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <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. Christian Emil Davis

Mailing Address 185 Pine St.

City Manchester State CT Zip Code 06040-5884

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

Name of Employer Associated Podiatrists of CT Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 09 / 2009  
Transaction ID: 17598284  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Earl R. Horowitz

Mailing Address 2550 Park St.

City Jacksonville State FL Zip Code 32204-4518

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: 10 / 09 / 2009  
Transaction ID: 17598288  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Daniel L. Bangart

Mailing Address 7060 W. Surrey Ave.

City Peoria State AZ Zip Code 85381-9583

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: 10 / 08 / 2009  
Transaction ID: 17598933  
Amount of Each Receipt this Period: 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: 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. Ricardo M. Bennett

Mailing Address 5275 Lee Hwy. #303

City Arlington State VA Zip Code 22207-1619

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2009

**Transaction ID:** 17598938

Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address Affiliated Foot & Ankle Spec. of C  
1117 Hwy. 46 #201

City Clifton State NJ Zip Code 07013-2450

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

Name of Employer Affiliated Foot & Ankle Spec. of Clift Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2009

**Transaction ID:** 17606172

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Rick F. Martin

Mailing Address 720 Aldinger Dr.

City Dallastown State PA Zip Code 17313-9757

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

Name of Employer Martin Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2009

**Transaction ID:** 17611182

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <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"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <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. Philip J. Cain

Mailing Address 77 Peshek Ln.

City Springfield State OH Zip Code 45504

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

Name of Employer Associates in Podiatry Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 14 / 2009  
Transaction ID: 17611183  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Mark Wayne Scott

Mailing Address 15250 Shoreline Dr.

City Thornville State OH Zip Code 43076-8855

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: 10 / 14 / 2009  
Transaction ID: 17611186  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Craig Jason Breslauer

Mailing Address 5151 S.W. Bimini Cir.

City Palm City State FL Zip Code 34990-1229

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

Name of Employer South Florida Orthopaedics Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 15 / 2009  
Transaction ID: 17615877  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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. Gary N. Friedlander

Mailing Address 5352 E. Estevan Rd.

City State Zip Code  
Phoenix AZ 85054-7211

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

Name of Employer AZ Pod. Medicine Program At Midwestern  
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 |
| 1 | 0 | / | 1 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 17616293

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Philip S. Newman

Mailing Address 9 Turtle Ct.

City State Zip Code  
Flemington NJ 08822-5947

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 |
| 1 | 0 | / | 1 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 17616297

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Douglas K. Blackledge

Mailing Address 3072 W. 250 S.

City State Zip Code  
Kokomo IN 46902-4653

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 |
| 1 | 0 | / | 1 | 8 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 17617813

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 17 / 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. Michael J. Kelley

Mailing Address 2 Gibraltar

City State Zip Code  
Rockford MI 49341-7703

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  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** 17617934

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John Michael Barnes

Mailing Address 9615 N.W. Randall Ln.

City State Zip Code  
Portland OR 97229-5294

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

Name of Employer The Portland Clinic  
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  
1 0 / 1 6 / 2 0 0 9

**Transaction ID:** 17617935

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Eugene M. MacDonald

Mailing Address 1151 Cottonwood Ct.

City State Zip Code  
Carmel IN 46033-9392

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

Name of Employer Marion Foot & Ankle Care  
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  
1 0 / 1 9 / 2 0 0 9

**Transaction ID:** 17619126

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 18 / 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. Alan K. Mauser

Mailing Address 425 S. Sherrin Ave.

City State Zip Code  
Louisville KY 40207-4029

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 17619127

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Clinton R. Lowery

Mailing Address 161 Darlene Dr.

City State Zip Code  
Coraopolis PA 15108-9354

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  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 4 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 17619250

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Shashank C. Srivastava

Mailing Address 2401 Research Blvd. #356

City State Zip Code  
Rockville MD 20850-3215

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 17625686

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 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. Ronald A. Maskarinec

Mailing Address 109 Oak Pointe Dr.

City State Zip Code  
Cherryville NC 28021-9304

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

Name of Employer Occupation  
Foothills Podiatry Podiatric Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

**Transaction ID:** 17627430

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth J. Krueger

Mailing Address 1319 Selkirk Ln.

City State Zip Code  
Indianapolis IN 46260-1230

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) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** 17627437

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Patrick A. DeHeer

Mailing Address 12205 Castle Row Overlook

City State Zip Code  
Carmel IN 46033-3123

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

Name of Employer Occupation  
Hoosier Foot & Ankle Podiatric Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** 17627438

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

**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. Christopher S. Grandfield  
Mailing Address 112 Hillcrest Rd.

City State Zip Code  
Portage IN 46368-1073

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17627439

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. William K. Oliver, III  
Mailing Address Greater Lafayette Foot Care  
415 N. 26th St. #306

City State Zip Code  
Lafayette IN 47904-2893

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

Name of Employer Greater Lafayette Foot Care 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  
1 0 / 2 3 / 2 0 0 9

Transaction ID: 17629718

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jane E. Graebner  
Mailing Address 4351 Fry Rd.

City State Zip Code  
Ostrander OH 43061-9449

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  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631409

Amount of Each Receipt this Period  
250.00

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

600.00

**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. James F. Derk

Mailing Address 22619 S. Farm View Rd.

City State Zip Code  
New Lenox IL 60451-8516

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  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631410

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Howard D. Kane

Mailing Address 585 McKinley St.

City State Zip Code  
Plymouth MI 48170-1519

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631411

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 10585 Rutledge Rd.

City State Zip Code  
Ottumwa IA 52501-1906

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

Name of Employer Ottumwa Foot & Ankle Clinic 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  
1 0 / 2 6 / 2 0 0 9

Transaction ID: 17631412

Amount of Each Receipt this Period

1000.00

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

1500.00

**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)  
 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. Robert G. Levine

Mailing Address 8907 Ayrshire Ave.

City State Zip Code  
Louisville KY 40222-5602

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

Name of Employer Podiatric Physicians of KY      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  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** 17631414

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David C. Novicki

Mailing Address 403 Northwood Dr.

City State Zip Code  
Orange CT 06477-1051

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

Name of Employer Milford Podiatry Associates      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  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** 17631416

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. R. Curtis Arnold

Mailing Address 1 Shamber Forrest

City State Zip Code  
Hamlin WV 25523

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  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** 17631418

Amount of Each Receipt this Period  
150.00

**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: PAGE 23 / 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. James F. Huish

Mailing Address 1208 Catalina Dr.

City State Zip Code  
Merced CA 95348-9515

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

Name of Employer Merced Podiatry Group      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  
1 0 / 2 7 / 2 0 0 9

**Transaction ID:** 17631602

Amount of Each Receipt this Period  
150.00

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

Mailing Address 7023 Oak Brook Dr.

City State Zip Code  
Des Moines IA 50322-4838

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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** 17632304

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Allen H. Stern

Mailing Address 2035 Vaughn Ct.

City State Zip Code  
Montgomery AL 36106-3217

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  
1 0 / 2 6 / 2 0 0 9

**Transaction ID:** 17632306

Amount of Each Receipt this Period  
300.00

**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)<br>for each category of the<br>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)<br>Dr. James L. Chadburn  |       | Date of Receipt   |
| Mailing Address 155 N. Chisholm Creek Rd.   |       | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/> |
| City  | State | Zip Code  |
| Lawrenceburg  | TN    | 38464-6648  |
| FEC ID number of contributing federal political committee.  |       | Transaction ID: 17641610  |
| <input type="text" value="C"/>  |       | Amount of Each Receipt this Period  |
| Name of Employer<br>Crockett Foot & Ankle Clinic  |       | <input type="text" value="1000.00"/>  |
| Occupation<br>Podiatric Physician   |       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |       | Aggregate Year-to-Date ▼  |
|   |       | <input type="text" value="1000.00"/>  |

**B.**

|   |       |   |
|---|-------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Arnold S. Gross  |       | Date of Receipt   |
| Mailing Address 7864 Kennett Sq.  |       | <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| City  | State | Zip Code  |
| West Bloomfield   | MI    | 48322-5015  |
| FEC ID number of contributing federal political committee.  |       | Transaction ID: 17653002  |
| <input type="text" value="C"/>  |       | Amount of Each Receipt this Period  |
| Name of Employer<br>Self-Employed   |       | <input type="text" value="500.00"/>   |
| Occupation<br>Podiatric Physician   |       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |       | Aggregate Year-to-Date ▼  |
|   |       | <input type="text" value="600.00"/>   |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1500.00"/>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="17750.00"/> |

# 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

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Friends Of Byron Dorgan<br><hr/> Mailing Address PO Box 871<br><hr/> City Bismarck State ND Zip Code 58502<br>Purpose of Disbursement<br><hr/> Candidate Name<br>Sen. Byron L. Dorgan<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ND District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: 17587853<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 1 / 2 0 0 9   |
|   | Amount of Each Disbursement this Period<br>2000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>McCotter for Congress<br><hr/> Mailing Address P.O. Box 530788<br><hr/> City Livonia State MI Zip Code 48153<br>Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Thaddeus G. McCotter<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 11<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 17587855<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 1 / 2 0 0 9   |
|   | Amount of Each Disbursement this Period<br>2000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Wicker for Senate<br><hr/> Mailing Address 104 Hume Avenue<br><hr/> City Alexandria State VA Zip Code 22301<br>Purpose of Disbursement<br><hr/> Candidate Name<br>Rep. Roger Wicker<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MS District:<br>Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | Transaction ID: 17587856<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 0 / 0 1 / 2 0 0 9   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bob Filner for Congress<br><hr/> Mailing Address P.O. Box 127868<br><hr/> City San Diego State CA Zip Code 92112<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Mr. Bob Filner<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: CA District: 50                       | Transaction ID: 17587858<br>Date of Disbursement<br>10 / 01 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00 |
| B. | Full Name (Last, First, Middle Initial)<br>Matheson For Congress<br><hr/> Mailing Address 677 South 200 West Suite A<br><hr/> City Salt Lake City State UT Zip Code 84101<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Rep. James D. Matheson<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: UT District: 02 | Transaction ID: 17587860<br>Date of Disbursement<br>10 / 01 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00 |
| C. | Full Name (Last, First, Middle Initial)<br>Tim Murphy For Congress<br><hr/> Mailing Address PO Box 24551<br><hr/> City Pittsburgh State PA Zip Code 15234<br><hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Rep. Tim F. Murphy<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: PA District: 18                     | Transaction ID: 17594720<br>Date of Disbursement<br>10 / 06 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00 |

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <span style="border: 1px solid black; padding: 5px;">3000.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <span style="border: 1px solid black; padding: 5px;"> </span>       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mike Ross For Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Rep. Michael A. Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District: 04</p> | <p><b>Transaction ID:</b> 17594777</p> <p>Date of Disbursement<br/> <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>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <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 | 1 | 0 | / | 0 | 6 | / | 2 | 0 | 0 | 9 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1  | 0   | / | 0 | 6 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Becerra for Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 30</p>      | <p><b>Transaction ID:</b> 17594834</p> <p>Date of Disbursement<br/> <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>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>3000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 0 | 6 | / | 2 | 0 | 0 | 9 | 3000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1  | 0   | / | 0 | 6 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 3000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Schakowsky For Congress</p> <p>Mailing Address P.O. Box 5130</p> <p>City Evanston State IL Zip Code 60204</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Rep. Janice D. Schakowsky</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 09</p>  | <p><b>Transaction ID:</b> 17594965</p> <p>Date of Disbursement<br/> <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>1</td><td>0</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <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 | 1 | 0 | / | 0 | 6 | / | 2 | 0 | 0 | 9 | 2500.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1  | 0   | / | 0 | 6 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 2500.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

|  |  |         |
|--|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1" style="width: 100%;"><tr><td style="text-align: center;">6500.00</td></tr></table> | 6500.00 |
| 6500.00  |  |         |
| <b>TOTAL</b> 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)

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

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

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: CA District: 30</p> | <p><b>Transaction ID:</b> 17595030<br/><b>Date of Disbursement</b><br/>10 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Zack Space For Congress Committee</p> <p>Mailing Address 714 N Wooster Avenue</p> <p>City Dover State OH Zip Code 44622</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Zachary Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: OH District: 18</p>                  | <p><b>Transaction ID:</b> 17606188<br/><b>Date of Disbursement</b><br/>10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Shelley Moore Capito For Congress</p> <p>Mailing Address P.O. Box 11519</p> <p>City Charleston State WV Zip Code 25339</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Shelley Capito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: WV District: 02</p>                  | <p><b>Transaction ID:</b> 17606189<br/><b>Date of Disbursement</b><br/>10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p> |

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <span style="border: 1px solid black; padding: 5px; display: block;">7000.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 5px; display: block;"> </span>       |

**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

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Gene Green Congressional Campaign</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 29</p>                          | <p><b>Transaction ID:</b> 17606190</p> <p>Date of Disbursement<br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 4 | / | 2 | 0 | 0 | 9 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1  | 0   | / | 1 | 4 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Diane E Watson For Congress</p> <p>Mailing Address 601 S Glenoaks Bl #211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Diane E. Watson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 33</p>                 | <p><b>Transaction ID:</b> 17606192</p> <p>Date of Disbursement<br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 1 | 4 | / | 2 | 0 | 0 | 9 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1  | 0   | / | 1 | 4 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address P.O. Box 83142</p> <p>City Gaithersburg State MD Zip Code 20883</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/<br/>Type</p> <p>Candidate Name<br/>Rep. Charlie A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 20</p> | <p><b>Transaction ID:</b> 17651255</p> <p>Date of Disbursement<br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | / | 3 | 0 | / | 2 | 0 | 0 | 9 | 1500.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1  | 0   | / | 3 | 0 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1500.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Barbara Boxer</p> <p>Mailing Address P.O. Box 641751</p> <p>City Los Angeles State CA Zip Code 90064</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Senator Barbara Boxer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: CA District:</p>   | <p><b>Transaction ID:</b> 17651257<br/><b>Date of Disbursement</b><br/>10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Chris Dodd</p> <p>Mailing Address 236 Massachusetts Ave., NE Suite 209</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Senator Christopher J. Dodd</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: CT District:</p>                    | <p><b>Transaction ID:</b> 17651258<br/><b>Date of Disbursement</b><br/>10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Louise Slaughter Re-Election Committee</p> <p>Mailing Address P.O. Box 366 C/O C. Bruce Lawrence</p> <p>City Fairport State NY Zip Code 14450</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>Rep. Louise McIntosh Slaughter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: NY District: 28</p> | <p><b>Transaction ID:</b> 17651262<br/><b>Date of Disbursement</b><br/>10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p> |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <span style="border: 1px solid black; padding: 5px; display: inline-block;">7500.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>       |

**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)  
Committee To Re-Elect Nydia M. Velazquez To Congre

Mailing Address 315 Inspiration Lane

City Gaithersburg State MD Zip Code 20878

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Nydia Velazquez

Office Sought:  House  Senate  President  
State: NY District: 12  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 17651264  
Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Debbie Wasserman Schultz

Mailing Address 4479 Foxglove Ln

City Weston State FL Zip Code 33331

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Debbie Schultz

Office Sought:  House  Senate  President  
State: FL District: 20  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 17651265  
Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mikulski For Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sen. Barbara A. Mikulski

Office Sought:  House  Senate  President  
State: MD District:  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 17651267  
Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mike Ross For Congress Committee<br><br>Mailing Address PO Box 360<br><br>City Prescott State AR Zip Code 71857<br><br>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Rep. Michael A. Ross<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: AR District: 04        | Transaction ID: 17651269<br>Date of Disbursement<br><div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y<br/>                     1 0 / 3 0 / 2 0 0 9                 </div><br>Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Bachus For Congress<br><br>Mailing Address Po Box 59444<br><br>City Birmingham State AL Zip Code 35259<br><br>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Rep. Spencer Bachus<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: AL District: 06                  | Transaction ID: 17651270<br>Date of Disbursement<br><div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y<br/>                     1 0 / 3 0 / 2 0 0 9                 </div><br>Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Geoff Davis For Congress<br><br>Mailing Address 3161 Dixie Highway Suite F<br><br>City Erlanger State KY Zip Code 41018<br><br>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br>Candidate Name Rep. Geoffrey Davis<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: KY District: 04 | Transaction ID: 17651271<br>Date of Disbursement<br><div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y<br/>                     1 0 / 3 0 / 2 0 0 9                 </div><br>Amount of Each Disbursement this Period<br><div style="border: 1px solid black; padding: 2px; text-align: center;">2000.00</div> |

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|--|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <div style="border: 1px solid black; padding: 5px; font-weight: bold;">6000.00</div> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | <div style="border: 1px solid black; padding: 5px; min-height: 20px;"></div>         |

**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 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)  
Mike Ross For Congress Committee

Mailing Address PO Box 360

City State Zip Code  
Prescott AR 71857

Purpose of Disbursement

Candidate Name  
Rep. Michael A. Ross

Office Sought:  House  
 Senate  
 President  
State: AR District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 17651328

Date of Disbursement

10 / 30 / 2009

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) ▶

45500.00