



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		346555.85
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	456297.30									
(c) Total Receipts (from Line 19) .....	78017.67	216059.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	534314.97	562614.97								
7. Total Disbursements (from Line 31) .....	44250.00	72550.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	490064.97	490064.97								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	53128.00	142684.00
(ii) Unitemized .....	21389.67	69875.12
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	74517.67	212559.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	74517.67	212559.12
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 .....	3500.00	3500.00
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)) .....	78017.67	216059.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	78017.67	216059.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44250.00	72250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	300.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44250.00	72550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44250.00	72550.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	74517.67	212559.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74517.67	212259.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael Charles Edwards, Jr.  
Mailing Address 26 Partridge Cir.  
City Beaufort State SC Zip Code 29907-1234  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Podiatry Associates Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 01 / 2010  
Transaction ID: 18072237  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard M. Seiler  
Mailing Address 4616 Castle Ct.  
City Holland State MI Zip Code 49423-9701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Holland Foot & Ankle Center Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 02 / 2010  
Transaction ID: 18078588  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brooke A. Bisbee  
Mailing Address 1709 S. 42nd St.  
City Rogers State AR Zip Code 72758-4081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Family Foot Health Center, P.A. Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 03 / 02 / 2010  
Transaction ID: 18082640  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Robert Paul Taylor</p> <p>Mailing Address 3100 Blue Oak Dr.</p> <p>City State Zip Code Frisco TX 75034-7924</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 02 / 2010</span></p> <p><b>Transaction ID:</b> 18082658</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Louis J. DeCaro</p> <p>Mailing Address 235 Greenfield Rd.</p> <p>City State Zip Code South Deerfield MA 01373-9753</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 03 / 2010</span></p> <p><b>Transaction ID:</b> 18082668</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Leonard F. Pinto, Jr.</p> <p>Mailing Address 7 Marie Cir.</p> <p>City State Zip Code Holbrook MA 02343-1462</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 01 / 2010</span></p> <p><b>Transaction ID:</b> 18082913</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">850.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 60
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald D. Peterson	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 6627 Apollo Rd.	<b>Transaction ID:</b> 18082914
	City State Zip Code West Linn OR 97068-2807	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Family Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David R. Kirlin	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 2600 Thomas Trl.	<b>Transaction ID:</b> 18082916
	City State Zip Code Gastonia NC 28054-4964	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Gaston Foot & Ankle Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Michael H. Martin	Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1310 W. Broadway	<b>Transaction ID:</b> 18082917
	City State Zip Code Enid OK 73703-5719	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<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 9 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2990 Longbrooke Way

City State Zip Code  
Clearwater FL 34620-1719

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 ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 03 / 2010

**Transaction ID:** 18083856

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Marc A. Lederman

Mailing Address 6 Livingston Rd.

City State Zip Code  
Collinsville CT 06019-3050

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
W. Hartford Podiatry Associates Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 04 / 2010

**Transaction ID:** 18087110

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul F. Brezinski

Mailing Address 720 N. Kaspar Ave.

City State Zip Code  
Arlington Heights IL 60004-5324

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 05 / 2010

**Transaction ID:** 18087477

Amount of Each Receipt this Period 300.00

**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 10 / 60  
(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 L. Bass

Mailing Address 33 Bloomfield Rd.

City State Zip Code  
Manalapan NJ 07726-7907

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  
03 / 06 / 2010

**Transaction ID:** 18089138

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Alan Dunkerley

Mailing Address Martin Foot & Ankle Center  
2003 E. Market St.

City State Zip Code  
York PA 17402-2841

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** 18089310

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bradford W. Glass

Mailing Address 4603 Island Dr.

City State Zip Code  
Midland TX 79707-1406

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** 18089312

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 11 / 60  
(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. Russell J. Barone

Mailing Address 29 Glen Crest Dr.

City Arden State NC Zip Code 28704-3025

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

Name of Employer Hellertown Family Foot Care Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2010

**Transaction ID:** 18091402

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph S. Borreggine

Mailing Address 353 W. Harrison Ave.

City Charleston State IL Zip Code 61920-1856

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

Name of Employer Touching Ground Podiatry, P.C. Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2010

**Transaction ID:** 18092148

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William Tarran

Mailing Address 1216 Seville Dr.

City Pacifica State CA Zip Code 94044-3554

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2010

**Transaction ID:** 18092380

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 60  
(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. Scott L. Shindler

Mailing Address 508 James Pl.

City State Zip Code  
Yankton SD 57078-1830

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

Name of Employer Occupation  
Shindler Foot Clinic Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** 18094502

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Leonard Raymond LaRussa

Mailing Address 146 Briarwood Cir.

City State Zip Code  
Americus GA 31709-7943

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

Name of Employer Occupation  
Family Foot & Ankle Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** 18094507

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Steven Joseph Merckx

Mailing Address 6 Drumhill Cir.

City State Zip Code  
Madison WI 53717-1075

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** 18102238

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 13 / 60

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. T. Eric Siceloff

Mailing Address 3636 Edgemoor Ct.

City State Zip Code  
Clemmons NC 27012-8921

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

Name of Employer Occupation  
Piedmont Foot & Ankle Associates Podiatric Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2010

Transaction ID: 18103365

Amount of Each Receipt this Period

500.00

**B.**

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

Mailing Address 17325 Moss Side Lane

City State Zip Code  
Olney MD 20832-2917

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

Name of Employer Occupation  
Columbia Foot & Ankle Assoc. 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  
03 / 12 / 2010

Transaction ID: 18103425

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Arthur J. Donley, Jr.

Mailing Address 2936 Ogden St.

City State Zip Code  
Philadelphia PA 19130-1106

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

Name of Employer Occupation  
North Wales 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  
03 / 12 / 2010

Transaction ID: 18104844

Amount of Each Receipt this Period

250.00

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

1750.00

**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 / 60

(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. Kenneth Paul Seiter, Jr.

Mailing Address 11534 Kings Way Dr.

City State Zip Code  
Fort Smith AR 72916-8394

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

Name of Employer Self-Employed Occupation  
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  
03 / 12 / 2010

Transaction ID: 18104879

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward D. Williams

Mailing Address 1 Calle Medico

City State Zip Code  
Santa Fe NM 87505-4724

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2010

Transaction ID: 18104935

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Joseph Cornelison

Mailing Address 131 Anne Way

City State Zip Code  
Los Gatos CA 95032-4010

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

Name of Employer Cupertino Podiatry Occupation  
Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 18107651

Amount of Each Receipt this Period

500.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 60  
(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. Randy K. Kaplan

Mailing Address 6578 Post Oak Dr.

City State Zip Code  
West Bloomfield MI 48322-3830

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** 18107764

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Brian H. Dunn

Mailing Address 751 Congressional Ln.

City State Zip Code  
Riverwoods IL 60015-5704

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 18108219

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Mickey D. Stapp

Mailing Address 3662 Bay Pt.

City State Zip Code  
Martinez GA 30907-9133

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

Name of Employer Augusta Foot & Ankle Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 18108220

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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 / 60  
(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. Amol Saxena

Mailing Address 3814 Magnolia Dr.

City Palo Alto State CA Zip Code 94306-3231

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 16 / 2010

Transaction ID: 18108221

Amount of Each Receipt this Period: 250.00

**B.**

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

Mailing Address 2165 Fawn Ridge Dr.

City Dixon State IL Zip Code 61021-9502

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 16 / 2010

Transaction ID: 18108222

Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Harry A. Kezelian

Mailing Address 619 Overhill Rd.

City Bloomfield Hills State MI Zip Code 48301-2569

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 16 / 2010

Transaction ID: 18108223

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**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 / 60  
(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. Bart D. Beaver

Mailing Address 11043 S. Homan

City State Zip Code  
Chicago IL 60655-2719

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

Name of Employer Occupation  
A Step Ahead Footcare, PC Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 18108227

Amount of Each Receipt this Period  
301.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James J. Dukelow

Mailing Address 716 N. Galena Ave.

City State Zip Code  
Dixon IL 61021-1510

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 18108228

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott A. Amoss

Mailing Address 2022 Foxfield Cir.

City State Zip Code  
Wall Township NJ 07719-4600

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 ▼ 1006.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 18108233

Amount of Each Receipt this Period  
1006.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1607.00**

**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 / 60  
(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. Brenna Leigh Steinberg

Mailing Address 21511 Sun Garden Ct.

City State Zip Code  
Germantown MD 20876-6941

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  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 18108236

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6 Brandon Road

City State Zip Code  
Lawrenceville NJ 08648-1502

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

Name of Employer Occupation  
New Jersey Podiatric Medical Society Executive Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 301.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 18108237

Amount of Each Receipt this Period  
301.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eugene L. Nassif, Jr.

Mailing Address 4095 Hickory Hill Ln. S.E.

City State Zip Code  
Cedar Rapids IA 52403-3738

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** 18108238

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **851.00**

**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 / 60  
(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. Jimmy W. Downing

Mailing Address 685 Tanners Ln.

City State Zip Code  
Earlysville VA 22936-9679

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  
03 / 16 / 2010

**Transaction ID:** 18108239

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2609 Pinot Lane

City State Zip Code  
Modesto CA 95356-0616

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

Name of Employer Sutter Gould Medical Foundation Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 18108377

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David H. Long

Mailing Address 1323 E. Wood St.

City State Zip Code  
Paris TN 38242-4421

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 18108379

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 60  
(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 J. Discont

Mailing Address 9068 E. Havasupai Dr.

City State Zip Code  
Scottsdale AZ 85255-9126

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

Name of Employer Occupation  
Family Foot & Ankle Care Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2010

**Transaction ID:** 18109278

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lyndon G. Johansen

Mailing Address 2025 S.W. Daybreak Way

City State Zip Code  
Troutdale OR 97060-4468

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** 18109742

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kevin Holton

Mailing Address 2805 Jasmine Ct.

City State Zip Code  
Saint Cloud MN 56301-9467

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) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** 18111009

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Robert M. Sage		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 2288 Cobblestone Ln.		<b>Transaction ID:</b> 18111010		
	City Beloit	State WI	Zip Code 53511-6716	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Beloit Clinic	Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Howard A. Stone		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address N. Shore Podiatry Group 2501 Compass Rd. #120		<b>Transaction ID:</b> 18111011		
	City Glenview	State IL	Zip Code 60026-8000	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer N. Shore Podiatry Group	Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gary J. Hoberman		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 4201 Davis St.		<b>Transaction ID:</b> 18111013		
	City Skokie	State IL	Zip Code 60076-1601	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 60

(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. Jerauld D. Ferritto, Jr.

Mailing Address 2396 Club Rd.

City State Zip Code  
Upper Arlington OH 43221-4005

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) ▼ 500.00

Date of Receipt

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

Transaction ID: 18112532

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen C. Wan

Mailing Address 3221 Blume Dr.

City State Zip Code  
Rossmoor CA 90720-0000

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

Name of Employer Occupation  
President, California Podiatric Medical 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  
0 3 / 2 0 / 2 0 1 0

Transaction ID: 18112533

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Laura J. Pickard

Mailing Address Norridge Foot Clinic  
7325 W. Irving Park Rd.

City State Zip Code  
Chicago IL 60634-3547

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

Name of Employer Occupation  
Norridge Foot Clinic 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  
0 3 / 2 0 / 2 0 1 0

Transaction ID: 18112534

Amount of Each Receipt this Period

1000.00

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

2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 60

(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. Angela Pinkston-Ayson

Mailing Address 5504 S. 44th St.

City State Zip Code  
Lowell AR 72745

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: 18112570

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick Samuel Mechanik

Mailing Address 8346 Parkglen Dr.

City State Zip Code  
Fountain CO 80817-4097

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

Name of Employer Self-Employed Occupation  
Self-Employed 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  
0 3 / 2 1 / 2 0 1 0

Transaction ID: 18112572

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Samuel Nava, Jr.

Mailing Address 8381 Navisota Dr.

City State Zip Code  
Lantana TX 76226-7344

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

Name of Employer Self-Employed Occupation  
S.W. Podiatry Associates Podiatric Physician

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

Date of Receipt

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

Transaction ID: 18112575

Amount of Each Receipt this Period

300.00

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

1800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 60  
(check only one)

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

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

**A.**

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

Mailing Address 1236 Arboretum Dr.

City State Zip Code  
Wilmington NC 28405-5241

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

Name of Employer Self-Employed  
Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112595

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Craig G. Kriza

Mailing Address 1343 Fieldpoint Dr.

City State Zip Code  
West Chester PA 19382-8233

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

Name of Employer Orthopedic Associates  
Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112597

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Roy R. DeFrancis

Mailing Address 66 Brantwood Rd.

City State Zip Code  
Snyder NY 14226-4303

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

Name of Employer Self-Employed  
Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112598

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 25 / 60  
(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. Rosario J. LaBarbera

Mailing Address 321 Union Brick Rd.

City State Zip Code  
Blairstown NJ 07825-3411

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112599

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address P.O. Box 1331

City State Zip Code  
Topanga CA 90290-1331

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112601

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Patrick A. McShane

Mailing Address 2605 S. Marlan

City State Zip Code  
Springfield MO 65804-4800

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112602

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 60

(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. Sylvia Virbulis

Mailing Address Piedmont Foot & Ankle Care  
316 S. Church St.

City State Zip Code  
Salisbury NC 28144-4930

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

Name of Employer Occupation  
Piedmont Foot & Ankle Care Podiatric Physician

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

Date of Receipt

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

Transaction ID: 18112606

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Chantal B. Lorio

Mailing Address 4424 Kawanee Ave.

City State Zip Code  
Metairie LA 70006-2830

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 ▼ 500.00

Date of Receipt

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

Transaction ID: 18112608

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Chantal B. Lorio

Mailing Address 4424 Kawanee Ave.

City State Zip Code  
Metairie LA 70006-2830

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 18112609

Amount of Each Receipt this Period  
500.00

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

1300.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 60  
(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 J. Hilkemann

Mailing Address 13427 Seward

City State Zip Code  
Omaha NE 68154-3820

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2010

**Transaction ID:** 18112610

Amount of Each Receipt this Period  
300.00

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

Mailing Address 65 Hartman Rd.

City State Zip Code  
Newton Center MA 02459-3035

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2010

**Transaction ID:** 18112611

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Barry E. Wesselowski

Mailing Address 2901 Majestic Dr.

City State Zip Code  
Independence KS 67301-1519

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) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 21 / 2010

**Transaction ID:** 18112612

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 60  
(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. Todd A. Harrison

Mailing Address 18819 Fountain Ter.

City State Zip Code  
Hagerstown MD 21742-2670

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112613

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert W. Herpen

Mailing Address 737 Hemlock Rd.

City State Zip Code  
Media PA 19063-1709

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  
03 / 21 / 2010

**Transaction ID:** 18112616

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 27 Horton St.

City State Zip Code  
Salem MA 01970-2847

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112617

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 60  
(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. Scott Altman

Mailing Address 185 E. 85th St. #23H

City State Zip Code  
New York NY 10028-2147

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
0	3	/	2	1	/	2	0	1	0

**Transaction ID:** 18112620

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth F. Malkin

Mailing Address 20 Moran Rd.

City State Zip Code  
West Orange NJ 07052-2252

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 ▼  
1080.00

Date of Receipt  

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

**Transaction ID:** 18112621

Amount of Each Receipt this Period  
1080.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark F. Rogers

Mailing Address Central UT Foot & Ankle Clinic  
150 W. 800 N.

City State Zip Code  
Provo UT 84601-1624

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

Name of Employer Central UT Foot & Ankle Clinic Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** 18112660

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1880.00**

**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 30 / 60  
(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)  
Mr. Michael Q. Davis

Mailing Address 757 Poplar Church Rd.

City State Zip Code  
Camp Hill PA 17011-2314

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

Name of Employer Pennsylvania Podiatric Medical Assoc.  
Occupation Executive Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

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

**Transaction ID:** 18112661

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen D. Palmer

Mailing Address Columbia Foot & Ankle Assoc.  
6100 Day Long Ln. #102

City State Zip Code  
Clarksville MD 21029-1631

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

Name of Employer Columbia Foot & Ankle Assoc.  
Occupation Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

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

**Transaction ID:** 18112662

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kirk Geter

Mailing Address 11121 Lake Victoria Ln.

City State Zip Code  
Bowie MD 20720-4259

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

Name of Employer Howard University College of Medicine  
Occupation Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

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

**Transaction ID:** 18112715

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 60  
(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. Kert W. Howard

Mailing Address 7688 W. Portneuf Rd.

City State Zip Code  
Pocatello ID 83204-7336

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

Name of Employer Pocatello Podiatry Associates      Occupation Podiatric Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2010

**Transaction ID:** 18112719

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Wesley L. Daniel

Mailing Address 751 Little John Cir.

City State Zip Code  
Gainesville GA 30501-2025

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

Name of Employer Gainesville Podiatry Clinic      Occupation Podiatric Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 18112826

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph W. Cavuoto

Mailing Address 1 Debbie Ct.

City State Zip Code  
Dix Hills NY 11746-5601

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

Name of Employer Self-Employed      Occupation Podiatric Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 18112828

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 60  
(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. Michael A. Conway

Mailing Address 892 N. Broadway

City State Zip Code  
North Massapequa NY 11758-2352

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

Name of Employer Occupation  
Massapequa Foot Care Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 18112829

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William Scott Newcomb

Mailing Address 318 Spalding Rd

City State Zip Code  
Wilmington DE 19803-2422

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

Name of Employer Occupation  
Brandywine Podiatry Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 18112830

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Chester A. Nava, Jr.

Mailing Address 1130 Gilliland Rd.

City State Zip Code  
Louisville KY 40245-4034

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 18112831

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 60  
(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. Kile W. Kinney

Mailing Address 3552 Carnoustie Dr.

City State Zip Code  
Martinez GA 30907-9504

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

Name of Employer Occupation  
The Foot & Ankle Group Podiatric Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** 18112832

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph P. Leonetti

Mailing Address 4045 E. Bell Rd. #121

City State Zip Code  
Phoenix AZ 85032-2238

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** 18112833

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1951 S. Grandview

City State Zip Code  
Dubuque IA 52003-7922

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

Name of Employer Occupation  
Dubuque Podiatry Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** 18112836

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 60  
(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. Craig S. Friedman

Mailing Address 3734 Ashley Way

City Owings Mills State MD Zip Code 21117-1400

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2010  
Transaction ID: 18112837  
Amount of Each Receipt this Period 300.00

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

Mailing Address 1 Shaded Glen Ct.

City Owings Mills State MD Zip Code 21117-3048

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2010  
Transaction ID: 18112842  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph A. Sciandra

Mailing Address 100 4 Seasons E.

City Amherst State NY Zip Code 14226-4276

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2010  
Transaction ID: 18112845  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 60  
(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. Harold Norman Gruber

Mailing Address 202 W. Pembrey Dr.

City State Zip Code  
Wilmington DE 19803-2008

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

Name of Employer Occupation  
Tri-State Foot & Ankle Center Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 18112857

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael L. Wodka

Mailing Address 10 Bristol Dr.

City State Zip Code  
Middletown NY 10941-5206

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 18113115

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lawrence A. Santi

Mailing Address 31 Mayflower Ave.

City State Zip Code  
Williston Park NY 11596-1517

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** 18113116

Amount of Each Receipt this Period  
300.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 60  
(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. Richard A. Altwerger

Mailing Address Village Medical Arts Complex  
77 Miller Rd. #202

City State Zip Code  
Castleton On Hudso NY 12033-4022

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

Transaction ID: 18113117

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 172 Lagoon Dr. W.

City State Zip Code  
Lido Beach NY 11561-4916

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 ▼  
540.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

Transaction ID: 18113118

Amount of Each Receipt this Period  
240.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Grace D. Pascual

Mailing Address 86274 Alamihi St.

City State Zip Code  
Waianae HI 96792-2911

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  
03 / 22 / 2010

Transaction ID: 18113182

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **790.00**

**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 37 / 60  
(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. Loring J. Stead

Mailing Address 2727 Salem Rd. S.W.

City State Zip Code  
Rochester MN 55902-1306

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

Name of Employer Occupation  
Olmsted Medical Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID: 18113185**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Rusty Lee Cain

Mailing Address 824 8th St.

City State Zip Code  
Fairmont WV 26554-2561

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

Name of Employer Occupation  
Doctors Foot Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID: 18113205**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Irvin O. Kanat

Mailing Address 4800 Hardwoods Dr.

City State Zip Code  
West Bloomfield MI 48323-2641

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID: 18114216**

Amount of Each Receipt this Period  
300.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 60  
(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. Robert M. Hatcher

Mailing Address 4114 Carpenter Pond Rd.

City State Zip Code  
Durham NC 27703-9190

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

Name of Employer Raleigh Foot & Ankle Center  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** 18114219

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kenrick J. Dennis

Mailing Address 11838 Durette

City State Zip Code  
Houston TX 77024-7129

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  
03 / 19 / 2010

**Transaction ID:** 18114223

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Katherine Bailey

Mailing Address Bailey & Associates  
1307 Washington St. #100

City State Zip Code  
Oregon IL 61061-1022

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

Name of Employer Bailey & Associates  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID:** 18114237

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 60

(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 Q. McClelland

Mailing Address 2002 12th Ave N.W. #F

City State Zip Code  
Ardmore OK 73401-1206

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2010

Transaction ID: 18114238

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Mark F. Rogers

Mailing Address Central UT Foot & Ankle Clinic  
150 W. 800 N.

City State Zip Code  
Provo UT 84601-1624

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

Name of Employer Occupation  
Central UT Foot & Ankle Clinic Podiatric Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2010

Transaction ID: 18114241

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 1536 Squire Davis Rd.

City State Zip Code  
Kernersville NC 27284-8306

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

Name of Employer Occupation  
Family Foot & Ankle Specialists 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  
03 / 23 / 2010

Transaction ID: 18114243

Amount of Each Receipt this Period

250.00

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 60

(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. Robert M. Parks

Mailing Address 12909 Arroyo De Vista N.E.

City State Zip Code  
Albuquerque NM 87111-2905

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

Name of Employer Lovelace Sandia Health System  
Occupation Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 18114278

Amount of Each Receipt this Period

250.00

**B.**

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

Mailing Address 495 Eagle Point Dr.

City State Zip Code  
Toms River NJ 08753-3305

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  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 18115825

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 8033 Paseo Del Ocaso

City State Zip Code  
La Jolla CA 92037-3232

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 18115834

Amount of Each Receipt this Period

300.00

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 60  
(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. David C. Greenberg

Mailing Address 948 N.E. 102nd Ave. #103

City State Zip Code  
Portland OR 97220-4064

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID: 18115836**

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. J. Kenneth Durham

Mailing Address 4813 Coachlight Ct.

City State Zip Code  
Albany GA 31721-9190

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

Name of Employer Albany Podiatry Associates Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2010

**Transaction ID: 18115837**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. John Rembert Carradine

Mailing Address 432 Calhoun St.

City State Zip Code  
New Orleans LA 70118-5717

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  
03 / 26 / 2010

**Transaction ID: 18118751**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 60  
(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. Hal Ornstein

Mailing Address 5 Amanda Ln.

City State Zip Code  
Howell NJ 07731-8941

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

Name of Employer  
Affiliated Foot & Ankle Centers

Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** 18119940

Amount of Each Receipt this Period  
1250.00

**B.**

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  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2010

**Transaction ID:** 18120454

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Toni Jo B. Neal

Mailing Address W5234 State Park #C-1

City State Zip Code  
Appleton WI 54915-9305

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  
03 / 26 / 2010

**Transaction ID:** 18120458

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 60  
(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 A. Short

Mailing Address 2240 Churchill Ln.

City State Zip Code  
Libertyville IL 60048-4298

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

Name of Employer Occupation  
University Foot Associates Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** 18121972

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Marcus J. Singel

Mailing Address 195 Bartizan Dr.

City State Zip Code  
Las Vegas NV 89138-1528

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

Name of Employer Occupation  
Foot & Ankle Specialists of Southern N Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 18122521

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Harvey R. Jacobs

Mailing Address 791 Dow Rd.

City State Zip Code  
Bridgewater NJ 08807-1168

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

Name of Employer Occupation  
Quality Foot Care Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 18122526

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 60  
(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. 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 Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 18122527

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David P. Sheldon

Mailing Address 4001 W. Royal Dr.

City State Zip Code  
Traverse City MI 49684-8965

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  
03 / 30 / 2010

**Transaction ID:** 18122528

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael A. Figura

Mailing Address 5 Deerfield Ridge Rd.

City State Zip Code  
Chesterfield MO 63005-6201

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

Name of Employer County Podiatrists, Inc. Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 18122529

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

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

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

FOR LINE NUMBER: PAGE 45 / 60  
(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. Jeffrey R. Baker

Mailing Address 111 W. Maple St. #2006

City State Zip Code  
Chicago IL 60610-5452

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 18122531

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark Haas

Mailing Address 1024 Tramway Ln. N.W.

City State Zip Code  
Albuquerque NM 87122-1317

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

Name of Employer Albuquerque Associated Podiatrists Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 18122536

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Vincent J. Hetherington

Mailing Address 21948 Shagbark Trl.

City State Zip Code  
Strongsville OH 44149-2280

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

Name of Employer OH College of Pod. Med. Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

**Transaction ID:** 18122540

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 60  
(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. Jason Ray Surratt

Mailing Address 8722 S.W. 49th Ave.

City Portland State OR Zip Code 97219-3357

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

Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2010

Transaction ID: 18122554

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Carlton G. Purvis

Mailing Address 309 Old Coach Rd.

City Rocky Mount State NC Zip Code 27804-2134

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

Name of Employer Purvis Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2010

Transaction ID: 18122555

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Harvey S. Karpo

Mailing Address 1420 Woodlane Dr.

City West Deptford State NJ Zip Code 08093-1727

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2010

Transaction ID: 18122556

Amount of Each Receipt this Period 500.00

**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 47 / 60

(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. Allen K. Raich

Mailing Address 7282 Egerton Ln.

City State Zip Code  
Germantown TN 38138-8779

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  
03 / 30 / 2010

Transaction ID: 18122563

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lon Michael Baronne

Mailing Address Baronne Foot Center  
P.O. Box 159

City State Zip Code  
Opelousas LA 70571-0159

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

Name of Employer Occupation  
Baronne Foot Center 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  
03 / 30 / 2010

Transaction ID: 18125480

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Evelyn M. Cloud, IV

Mailing Address 8211 Mar Del Plata St. E.

City State Zip Code  
Jacksonville FL 32256-7349

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) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2010

Transaction ID: 18125484

Amount of Each Receipt this Period

500.00

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

1750.00

**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 48 / 60  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub		Date of Receipt																					
	Mailing Address 100 Ayshire Ct.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	1	0														
	City State Zip Code Slidell LA 70461-5034		<b>Transaction ID:</b> 18176815																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																						
Name of Employer Self-Employed		Occupation Podiatric Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1175.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>53128.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 49 / 60	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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) Friends of Chris Dodd		Date of Receipt	
	Mailing Address 236 Massachusetts Ave., NE Suite 209		M M / D D / Y Y Y Y 03 / 26 / 2010	
	City State Zip Code Washington DC 20002		Transaction ID: 18119906	
	FEC ID number of contributing federal political committee. <b>C</b> C00091017		Amount of Each Receipt this Period 3500.00	
	Name of Employer Occupation		Re-Election campaign refund	
	Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 3500.00				

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

# 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>	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee  Mailing Address P.O. Box 8331  City State Zip Code Fremont CA 94537  Purpose of Disbursement  Candidate Name Rep. Fortney Peter Stark  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18075156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0  Amount of Each Disbursement this Period  2500.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Candice Miller For Congress  Mailing Address P.O. Box 182152  City State Zip Code Shelby Township MI 48318  Purpose of Disbursement  Candidate Name Rep. Candice S. Miller  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 10  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18087672 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0  Amount of Each Disbursement this Period  1000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Arcuri For Congress  Mailing Address P.O. Box 8508  City State Zip Code Utica NY 13505  Purpose of Disbursement  Candidate Name Rep. Michael Arcuri  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18104885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 1 0  Amount of Each Disbursement this Period  2500.00  011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</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) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pittsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18</p>	<p><b>Transaction ID:</b> 18104886 <b>Date of Disbursement</b> 03 / 13 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Richard Burr Committee (Senate)</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Sen. Richard Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:</p>	<p><b>Transaction ID:</b> 18104887 <b>Date of Disbursement</b> 03 / 13 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01</p>	<p><b>Transaction ID:</b> 18104888 <b>Date of Disbursement</b> 03 / 13 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

**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) Mike Castle for Senate  Mailing Address 2 Mill Road Ste. 108  City Wilmington State DE Zip Code 19806  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Mr. Michael Castle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:	Transaction ID: 18104889 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 1 0  Amount of Each Disbursement this Period 3000.00
B.	Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee  Mailing Address 607 14th Street N.W. Suite 800  City Washington State DC Zip Code 20005  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rep. John D. Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15	Transaction ID: 18104890 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 1 0  Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Kaptur For Congress  Mailing Address 1841 Dority Rd  City Toledo State OH Zip Code 43615  Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Marcy Kaptur Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 09	Transaction ID: 18104895 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 1 0  Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<span style="border: 1px solid black; padding: 5px; font-weight: bold;">6000.00</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) Levin For Congress</p> <p>Mailing Address P.O. Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12</p>	<p><b>Transaction ID:</b> 18104896 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Mark Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 07</p>	<p><b>Transaction ID:</b> 18104898 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address PO Box 38</p> <p>City Dimock State PA Zip Code 18816</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Christopher Carney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 10</p>	<p><b>Transaction ID:</b> 18104900 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;"> </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) Wally Herger For Congress Committee</p> <p>Mailing Address P.O. Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 02</p>	<p><b>Transaction ID:</b> 18104902 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee</p> <p>Mailing Address P. O. Box 1973</p> <p>City St. Petersburg State FL Zip Code 33731</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. C.W. Bill Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 10</p>	<p><b>Transaction ID:</b> 18104906 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">13</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Diana Degette For Congress</p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 01</p>	<p><b>Transaction ID:</b> 18107731 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">4000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block; text-align: center;"> </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

<b>A.</b> Full Name (Last, First, Middle Initial) Schakowsky For Congress Mailing Address P.O. Box 5130 City Evanston State IL Zip Code 60204 Purpose of Disbursement Candidate Name Rep. Janice D. Schakowsky Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18107779 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) Judy Biggert For Congress Mailing Address P.O. Box 637 City Hinsdale State IL Zip Code 60522 Purpose of Disbursement Candidate Name Rep. Judy Biggert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18107780 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address PO Box 9336 City Fargo State ND Zip Code 58106 Purpose of Disbursement Candidate Name Rep. Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 18121154 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 04</p>	<p><b>Transaction ID:</b> 18121161 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Brett Guthrie for Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 02</p>	<p><b>Transaction ID:</b> 18121162 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181-A Knight St</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Rep. James R. Langevin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: RI District: 02</p>	<p><b>Transaction ID:</b> 18121163 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

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

3000.00

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) McCotter for Congress</p> <p>Mailing Address P.O. Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 11</p>	<p><b>Transaction ID:</b> 18121164 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pittsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 18</p>	<p><b>Transaction ID:</b> 18121165 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W. Market St. #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 13</p>	<p><b>Transaction ID:</b> 18121167 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; 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)

<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)  
Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Edward Whitfield

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Transaction ID: 18121168  
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Charles Dent

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Transaction ID: 18121169  
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Rangel for Congress

Mailing Address PO Box 5577  
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Charles B. Rangel

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 15

Transaction ID: 18121171  
Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: 18121172 Date of Disbursement
	Mailing Address P.O. Box 8	<input type="text" value="03"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Mark Kirk	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: 18122353 Date of Disbursement
	Mailing Address P.O. Box 8	<input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="750.00"/>
	Candidate Name Rep. Mark Kirk	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirk For Senate	Transaction ID: 18122383 Date of Disbursement
	Mailing Address P.O. Box 8	<input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Mark Kirk	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 60

<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)

Volunteers For Shimkus

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. John M. Shimkus

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Transaction ID: 18122402

Date of Disbursement

03 / 30 / 2010

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) ▶

44250.00