

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2011 through 03 31 2011

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

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

Signature of Treasurer Electronically Filed by Dr. William Dabdoub, DPM Date 04 19 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		243863.33
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	375944.66									
(c) Total Receipts (from Line 19)	62726.00	213133.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	438670.66	456996.96								
7. Total Disbursements (from Line 31)	39551.00	57877.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	399119.66	399119.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	47728.00	145965.33
(ii) Unitemized	14998.00	65842.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	62726.00	211807.33
(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)	62726.00	211807.33
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1326.30
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))	62726.00	213133.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62726.00	213133.63

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	1326.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	1326.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	38500.00	55500.00
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	1051.00	1051.00
(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))	1051.00	1051.00
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))..	39551.00	57877.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39551.00	57877.30

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)	62726.00	211807.33
34. Total Contribution Refunds (from Line 28(d))	1051.00	1051.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61675.00	210756.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	1326.30
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	1326.30

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Leonard Raymond LaRussa		Date of Receipt
	Mailing Address 146 Briarwood Cir.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Americus	GA	31709-7943
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 18933977
Name of Employer Family Foot & Ankle Center		Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) Dr. Robert E. Marra		Date of Receipt
	Mailing Address 90 Crystal Springs Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Tolland	CT	06084-2029
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 18933980
Name of Employer Self-Employed		Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. Richard P. Reinherz		Date of Receipt
	Mailing Address 446 Ronnie Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Buffalo Grove	IL	60089-1152
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 18933983
Name of Employer Family Foot Care		Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 55
(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 J. Freedman

Mailing Address 2128 Rose Theatre Cir.

City Olney State MD Zip Code 20832-1677

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 03 / 01 / 2011

Transaction ID: 18933985

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Brent Martin Harwood

Mailing Address Southeast Podiatry
23937 U.S. Hwy. 98 #1

City Fairhope State AL Zip Code 36532-3353

FEC ID number of contributing federal political committee. C

Name of Employer Southeast Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2011

Transaction ID: 18933988

Amount of Each Receipt this Period 1000.00

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 / 01 / 2011

Transaction ID: 18933989

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 2250.00

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 8 / 55

(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. William H. Dabdoub

Mailing Address 100 Ayshire Ct.

City State Zip Code
Slidell LA 70461-5034

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) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 01 / 2011

Transaction ID: 18933992

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. William H. Dabdoub

Mailing Address 100 Ayshire Ct.

City State Zip Code
Slidell LA 70461-5034

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) ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 01 / 2011

Transaction ID: 18936720

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ms. Faye B. Frankfort

Mailing Address 513 Casey Lane

City State Zip Code
Rockville MD 20850-7744

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

Name of Employer American Podiatric Medical Association Occupation
Director, Legislative Advocacy

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2011

Transaction ID: 18973231

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 55
(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)
Ms. Faye B. Frankfort

Mailing Address 513 Casey Lane

City State Zip Code
Rockville MD 20850-7744

FEC ID number of contributing federal political committee. C

Name of Employer: American Podiatric Medical Association
Occupation: Director, Legislative Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 07 / 2011

Transaction ID: 18973254

Amount of Each Receipt this Period
150.00

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

Mailing Address 353 W. Harrison Ave.

City State Zip Code
Charleston IL 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 / 2011

Transaction ID: 18974622

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Charles Edwards, Jr.

Mailing Address 26 Partridge Cir.

City State Zip Code
Beaufort SC 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 / 10 / 2011

Transaction ID: 18974910

Amount of Each Receipt this Period
250.00

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 10 / 55
(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. Marc A. Borovoy

Mailing Address 6827 Minnow Pond Dr.

City State Zip Code
West Bloomfield MI 48322-2664

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

Name of Employer Associated Podiatrists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 13 / 2011

Transaction ID: 18977766

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard N. Berkun

Mailing Address 1645 Quail Dr.

City State Zip Code
Sarasota FL 34231-3538

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

Name of Employer Cortez Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 18980009

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas Abrahamsen

Mailing Address 190 Old Mill Rd.

City State Zip Code
Fairfield CT 06824-4928

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 / 15 / 2011

Transaction ID: 18980012

Amount of Each Receipt this Period
300.00

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 11 / 55
(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. Mack Jay Groves, IV

Mailing Address 802 W. 10th Ave. #2

City State Zip Code
Covington LA 70433-2314

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 / 15 / 2011

Transaction ID: 18980017

Amount of Each Receipt this Period
500.00

B.

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 / 15 / 2011

Transaction ID: 18980018

Amount of Each Receipt this Period
1000.00

C.

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 Shindler Foot Clinic
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 18980022

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 12 / 55
(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. 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 Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 18980023

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
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 18980025

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark E. Pinker

Mailing Address Pinker & Associates
47 Brookwood Ave.

City State Zip Code
Carlisle PA 17015-9126

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

Name of Employer Pinker & Associates Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2011

Transaction ID: 18980026

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 55
(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. Karen L. Wrubel

Mailing Address 67 Albert Ct.

City Rancho Palos Verde State CA Zip Code 90275-5383

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 / 15 / 2011
Transaction ID: 18980027
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Alan L. Bass

Mailing Address 33 Bloomfield Rd.

City Manalapan State NJ Zip Code 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 ▼ 300.00

Date of Receipt 03 / 15 / 2011
Transaction ID: 18980029
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Angela Pinkston-Ayson

Mailing Address 5504 S. 44th St.

City Lowell State AR Zip Code 72745

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 / 07 / 2011
Transaction ID: 18981076
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 55
(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. Carol F. LaRose

Mailing Address 14321 Hancock Ln.

City Anchorage State AK Zip Code 99515-3963

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

Name of Employer Alliance Foot & Ankle Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2011
Transaction ID: 18981083
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Donald James Carlson

Mailing Address 711 N.W. 6th St.

City Pendleton State OR Zip Code 97801-1319

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

Name of Employer Heritage Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 11 / 2011
Transaction ID: 18981085
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Dr. George Michael Nassoor

Mailing Address 201 E. Lafayette St.

City Easton State PA Zip Code 18042-1675

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 / 14 / 2011
Transaction ID: 18981093
 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 15 / 55
(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. Bradford J. Jacobs

Mailing Address 476 Painter Way

City Lansdale State PA Zip Code 19446-4037

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 / 11 / 2011

Transaction ID: 18981109

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Randy K. Kaplan

Mailing Address 6578 Post Oak Dr.

City West Bloomfield State MI Zip Code 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 ▼ 500.00

Date of Receipt 03 / 16 / 2011

Transaction ID: 18983685

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 4326 Sarong Dr.

City Houston State TX Zip Code 77096-4425

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

Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 19 / 2011

Transaction ID: 18985618

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ► 885.00

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 / 55

(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) Mr. Herman Hammerschmidt		Date of Receipt MM / DD / YYYY 03 / 19 / 2011		
	Mailing Address 6 Brandon Road		Transaction ID: 18985623		
	City Lawrenceville	State NJ	Zip Code 08648-1502	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
Name of Employer New Jersey Podiatric Medical Society		Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Dr. Patrick A. McShane		Date of Receipt MM / DD / YYYY 03 / 19 / 2011		
	Mailing Address 2605 S. Marlan		Transaction ID: 18985624		
	City Springfield	State MO	Zip Code 65804-3808	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 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 ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Dr. Mark D. Dollard		Date of Receipt MM / DD / YYYY 03 / 19 / 2011		
	Mailing Address 12353 Green Horne St.		Transaction ID: 18985625		
	City Herndon	State VA	Zip Code 20171-2132	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
Name of Employer Loudoun Foot & Ankle Center		Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	1600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 55

(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. 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 / 19 / 2011

Transaction ID: 18985626

Amount of Each Receipt this Period
300.00

B.

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2011

Transaction ID: 18985627

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Stewart Liebow

Mailing Address 1202 Peaked Mountain Rd.

City State Zip Code
Townshend VT 05353

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 / 19 / 2011

Transaction ID: 18985628

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 55
(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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2011

Transaction ID: 18985629

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
Los Alamitos CA 90720-4812

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
MM / DD / YYYY
03 / 19 / 2011

Transaction ID: 18985630

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey L. Jensen

Mailing Address Barry Univ. School of Podiatric Me
11300 N.E. 2nd Ave.

City State Zip Code
Miami FL 33161-6628

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

Name of Employer Occupation
Diabetic Foot & Wound Cen- ter Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2011

Transaction ID: 18985631

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 19 / 55

(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. 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 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
03 / 19 / 2011

Transaction ID: 18985632

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Candace Daly

Mailing Address 1296 W. 475 S.

City State Zip Code
Farmington UT 84025-4715

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

Name of Employer Occupation
Utah Podiatric Medical Association Executive Director

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

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2011

Transaction ID: 18985633

Amount of Each Receipt this Period

300.00

C.

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 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 / 19 / 2011

Transaction ID: 18985635

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 20 / 55
(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. John Rembert Carradine

Mailing Address 3800 Houma Blvd. #260

City State Zip Code
Metairie LA 70006-4184

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 / 19 / 2011

Transaction ID: 18985636

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. John M. DePalma

Mailing Address 1006 Shawnee Ln.

City State Zip Code
Shamong NJ 08088-8973

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

Name of Employer Occupation
Burlington County Foot & Ankle Assoc. Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
03 / 19 / 2011

Transaction ID: 18985637

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Craig H. Thomajan

Mailing Address Austin Foot & Ankle Specialists
5000 Bee Cave Rd. #202

City State Zip Code
West Lake Hills TX 78746-5254

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

Name of Employer Occupation
Austin Foot & Ankle Specialists Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985640

Amount of Each Receipt this Period
100.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 55
(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)
Mr. Christian H. Kindsvatter

Mailing Address 1000 W. St. Joseph #200
P.O. Box 15339

City State Zip Code
Lansing MI 48901-5339

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

Name of Employer Michigan Podiatric Medical Association
Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985672

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas S. Godfryd

Mailing Address 4988 Heather Point

City State Zip Code
Birmingham AL 35242-3950

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

Name of Employer Birmingham Podiatry
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985677

Amount of Each Receipt this Period
500.00

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

Mailing Address 10425 Kingston

City State Zip Code
Huntington Woods MI 48070-1113

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 / 20 / 2011

Transaction ID: 18985679

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 22 / 55
(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. Barry H. Block

Mailing Address 104-40 Queens Blvd.

City State Zip Code
Forest Hills NY 11375-3637

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 / 20 / 2011

Transaction ID: 18985680

Amount of Each Receipt this Period
500.00

B. 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 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 / 20 / 2011

Transaction ID: 18985682

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Christian A. Robertozzi

Mailing Address 43 Douma Dr.

City State Zip Code
Newton NJ 07860-1558

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 / 20 / 2011

Transaction ID: 18985685

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 23 / 55
(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. 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 ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985686

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Stanley A. Gorgol

Mailing Address 5 Terracewood Rd.

City State Zip Code
Londonderry NH 03053-2409

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

Name of Employer New Hampshire Podiatric Medical Assn. Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985687

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bruce W. Smit

Mailing Address 248 W. Lincoln Hwy. #101

City State Zip Code
Frankfort IL 60423-1283

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 / 20 / 2011

Transaction ID: 18985689

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 24 / 55
(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. Donald R. Blum

Mailing Address 6416 Wickerwood Dr.

City State Zip Code
Dallas TX 75248-2901

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

Name of Employer 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 Y
03 / 20 / 2011

Transaction ID: 18985690

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. David B. Alper

Mailing Address 3 Oak Ave.

City State Zip Code
Belmont MA 02478-2751

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 Y
03 / 20 / 2011

Transaction ID: 18985693

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Sheldon Willens

Mailing Address 2150 S. Ocean Blvd. #3A

City State Zip Code
Delray Beach FL 33483-6444

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 Y
03 / 20 / 2011

Transaction ID: 18985694

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 55

(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

M M / D D / Y Y Y Y
03 / 20 / 2011

Transaction ID: 18985695

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Tracy L. Basso

Mailing Address 3216 Shelter Love Ave.

City State Zip Code
Davis CA 95616-2628

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 / 20 / 2011

Transaction ID: 18985697

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott Altman

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

City State Zip Code
New York NY 10028-2149

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 / 20 / 2011

Transaction ID: 18985698

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 26 / 55
(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. Richard A. Altwerger

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

City State Zip Code
Castleton On Hudso NY 12033-4040

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 / 20 / 2011

Transaction ID: 18985699

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 5200 N. Ocean Dr. #102

City State Zip Code
Singer Island FL 33404-2615

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 ▼
1036.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985701

Amount of Each Receipt this Period
1036.00

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 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 / 20 / 2011

Transaction ID: 18985702

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **2036.00**

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 / 55
(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 M. Sage

Mailing Address 2288 Cobblestone Ln.

City State Zip Code
Beloit WI 53511-6716

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

Name of Employer: Beloit Clinic Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 20 / 2011
Transaction ID: 18985703
 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 ▼ 300.00

Date of Receipt: 03 / 20 / 2011
Transaction ID: 18985704
 Amount of Each Receipt this Period: 300.00

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: 03 / 20 / 2011
Transaction ID: 18985708
 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 / 55

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Joseph D. Pasquino

Mailing Address 5586 Field Stream Ln.

City State Zip Code
Export PA 15632-9219

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
03 / 20 / 2011

Transaction ID: 18985709

Amount of Each Receipt this Period

250.00

B.

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 20 / 2011

Transaction ID: 18985710

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Craig S. Friedman

Mailing Address 3734 Ashley Way

City State Zip Code
Owings Mills MD 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

M M / D D / Y Y Y Y
03 / 20 / 2011

Transaction ID: 18985711

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 29 / 55

(check only one)

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<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. Lawrence E. Burns		Date of Receipt																				
	Mailing Address 1208 Wexford Downs Ln.		<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>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		2	0		2	0	1	1													
	City	State	Zip Code																				
Nashville	TN	37211-6999																					
FEC ID number of contributing federal political committee. C		Transaction ID: 18985712																					
Name of Employer Self-Employed		Occupation Podiatric Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>300.00</td></tr></table>	300.00																			
300.00																							

B.	Full Name (Last, First, Middle Initial) Dr. Lloyd S. Smith		Date of Receipt																				
	Mailing Address 65 Hartman Rd.		<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>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		2	0		2	0	1	1													
	City	State	Zip Code																				
Newton Center	MA	02459-3035																					
FEC ID number of contributing federal political committee. C		Transaction ID: 18985713																					
Name of Employer Self-Employed		Occupation Podiatric Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>300.00</td></tr></table>	300.00																			
300.00																							

C.	Full Name (Last, First, Middle Initial) Dr. Nicholas J. Tanner		Date of Receipt																				
	Mailing Address 238 E. 13th Ave.		<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>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	3		2	0		2	0	1	1													
	City	State	Zip Code																				
Spokane	WA	99202-1115																					
FEC ID number of contributing federal political committee. C		Transaction ID: 18985714																					
Name of Employer Family Foot Center		Occupation Podiatric Physician	Amount of Each Receipt this Period																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<table border="1"><tr><td>300.00</td></tr></table>	300.00																			
300.00																							

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>900.00</td></tr></table>	900.00
900.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 30 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Paul 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: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985721

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard Bloch

Mailing Address 7 Pinewood Farm Court

City State Zip Code
Owings Mills MD 21117-2338

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

Name of Employer Occupation
Maryland Podiatric Medical Assn. Executive Director

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

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985727

Amount of Each Receipt this Period
300.00

C. 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 Occupation
Gainesville Podiatry Clinic Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985728

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 31 / 55
(check only one)

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<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. Patrick A. DeHeer

Mailing Address 12205 Castle Row Overlook

City State Zip Code
Carmel IN 46033-3123

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

Name of Employer Occupation
Hoosier Foot & Ankle Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985730

Amount of Each Receipt this Period
300.00

B.

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 Occupation
OH College of Pod. Med. Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985731

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lawrence B. Harkless

Mailing Address 3622 Emory Way

City State Zip Code
Pomona CA 91767-1109

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

Name of Employer Occupation
Western Univ. of Health Sciences Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985733

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 32 / 55
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1216 Seville Dr.

City State Zip Code
Pacifica CA 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985734

Amount of Each Receipt this Period
50.00

B. 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 S.W. Podiatry Associates Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985735

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark E. Reiner

Mailing Address 2909 Abernathy Lake Cove

City State Zip Code
Jonesboro AR 72404-8403

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

Name of Employer The Podiatry Group, The Foot Doctors, Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2525.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2011

Transaction ID: 18985738

Amount of Each Receipt this Period
1525.00

SUBTOTAL of Receipts This Page (optional) ► **1875.00**

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 / 55
(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. 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 ▼ 500.00

Date of Receipt 03 / 20 / 2011

Transaction ID: 18985739

Amount of Each Receipt this Period 500.00

B.

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

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

City Clarksville State MD Zip Code 21029-1631

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2011

Transaction ID: 18985740

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Jerry D. Brant

Mailing Address 902 Pheasant Run Ct. S

City Brentwood State TN Zip Code 37027-5810

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

Name of Employer Podiatry Insurance Company
of America Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2011

Transaction ID: 18985741

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 34 / 55
(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. Raymond J. Mollica

Mailing Address 8223 14th Ave.

City State Zip Code
Brooklyn NY 11228-3113

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	0	/	2	0	1	1

Transaction ID: 18985742

Amount of Each Receipt this Period
300.00

B. 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 Dubuque Podiatry
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	0	/	2	0	1	1

Transaction ID: 18985744

Amount of Each Receipt this Period
500.00

C. 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 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	0	/	2	0	1	1

Transaction ID: 18985745

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 35 / 55

(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. Terry P. Smith

Mailing Address 2064 Michigan Ave.

City State Zip Code
Salt Lake City UT 84108-1308

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) ▼ 300.00

Date of Receipt

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

Transaction ID: 18985746

Amount of Each Receipt this Period

260.00

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 Self-Employed Occupation
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 18985747

Amount of Each Receipt this Period

300.00

C.

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

Mailing Address 11226 E. Sorrel Ln.

City State Zip Code
Scottsdale AZ 85259-5875

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) ▼ 300.00

Date of Receipt

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

Transaction ID: 18985748

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

860.00

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 / 55
(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 Y
03 / 20 / 2011

Transaction ID: 18985750

Amount of Each Receipt this Period
300.00

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

Mailing Address 3100 Blue Oak Dr.

City State Zip Code
Frisco TX 75034-7924

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 Y
03 / 20 / 2011

Transaction ID: 18985752

Amount of Each Receipt this Period
500.00

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 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 Y
03 / 20 / 2011

Transaction ID: 18985753

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 37 / 55
(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. Warkala

Mailing Address 59 Harrowgate Dr.

City State Zip Code
Cherry Hill NJ 08003-1938

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2011

Transaction ID: 18985761

Amount of Each Receipt this Period
160.00

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

Mailing Address P.O. Box 1126

City State Zip Code
Amherst NY 14226-7126

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 / 2011

Transaction ID: 18985811

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 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 / 2011

Transaction ID: 18985812

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 760.00

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 / 55
(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. 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 / 2011

Transaction ID: 18985815

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert A. Iannacone

Mailing Address 3081 N.E. Heather Ct.

City State Zip Code
Jensen Beach FL 34957-5071

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

Name of Employer Iannacone Podiatry Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2011

Transaction ID: 18985868

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas R. Komp

Mailing Address 2071 Elvira Way

City State Zip Code
Suamico WI 54313-8082

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 / 25 / 2011

Transaction ID: 18993261

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 39 / 55
(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. Ian C. Furness

Mailing Address N5224 Oak Hill Rd.

City State Zip Code
Fond Du Lac WI 54937-9690

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

Name of Employer Occupation
Family Foot Clinic Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 18993262

Amount of Each Receipt this Period
250.00

B. 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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 18993265

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Phillip E. Ward

Mailing Address 2321 Timberlane Dr.

City State Zip Code
Florence SC 29506-8338

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

Name of Employer Occupation
Carolina Health Care Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 18993266

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 55
(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. Arthur Weisman

Mailing Address 5444 Wedgewood Ct.

City State Zip Code
Lees Summit MO 64064-1224

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	1

Transaction ID: 18993267

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ada V. Paolucci

Mailing Address Essington Podiatry Group
1960 Essington Rd. #103

City State Zip Code
Joliet IL 60435-1628

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

Name of Employer Essington Podiatry Group 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	5	/	2	0	1	1

Transaction ID: 18993272

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas J. Thurber

Mailing Address 6 Longmeadow

City State Zip Code
Elmira NY 14905-1366

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	1

Transaction ID: 18993273

Amount of Each Receipt this Period
300.00

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 41 / 55
(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. Daniel Dale Michaels

Mailing Address P.O. Box 269

City State Zip Code
Frederick MD 21705-0269

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 / 2011

Transaction ID: 18993274

Amount of Each Receipt this Period
150.00

B. 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 Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1011.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 18993277

Amount of Each Receipt this Period
1011.00

C. Full Name (Last, First, Middle Initial)
Dr. Kimberly Marie Eickmeier

Mailing Address 4701 Brittany Trail Dr.

City State Zip Code
Champaign IL 61822-3549

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

Name of Employer Christie Clinic Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2011

Transaction ID: 18993283

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2161.00**

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 / 55
(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. Norman S. Regal

Mailing Address The Triad Foot Center
2706 St. Jude St.

City Greensboro State NC Zip Code 27405-3670

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

Name of Employer The Triad Foot Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2011
Transaction ID: 18993285
Amount of Each Receipt this Period 500.00

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

Mailing Address 2990 Longbrooke Way

City Clearwater State FL Zip Code 33760-1719

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2011
Transaction ID: 18995280
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Bradley Charles Haves

Mailing Address 1609 N.W. 14th Ave.

City Miami State FL Zip Code 33125-1619

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 28 / 2011
Transaction ID: 18995282
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 55
(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. Robert G. Smith

Mailing Address 723 Lucerne Cir.

City State Zip Code
Ormond Beach FL 32174-4624

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2011

Transaction ID: 18995292

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 781 Queens Harbor Blvd.

City State Zip Code
Jacksonville FL 32225-4939

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 / 2011

Transaction ID: 18995323

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stephen E. Latter

Mailing Address 14915 Quail Pointe Ln.

City State Zip Code
Grass Valley CA 95945-9600

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 / 2011

Transaction ID: 18995325

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 44 / 55
(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. Todd Damien O'Brien

Mailing Address P.O. Box 99

City Lincoln State ME Zip Code 04457-0099

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

Name of Employer Health Access Network Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 24 / 2011
Transaction ID: 18995328
Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Dr. M. Diane Collier

Mailing Address 800 N. Iroquois Ave.

City Dothan State AL Zip Code 36303-3224

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

Name of Employer Alabama South Family Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 29 / 2011
Transaction ID: 19014724
Amount of Each Receipt this Period: 300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Peter C. Paicos, Jr.

Mailing Address Affiliates in Foot Care
3 Woodland Rd. #411

City Stoneham State MA Zip Code 02180-1714

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

Name of Employer Affiliates in Foot Care Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1051.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: 19017618
Amount of Each Receipt this Period: 1051.00

SUBTOTAL of Receipts This Page (optional) ► **1651.00**

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 / 55
(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. Kenneth B. Rehm

Mailing Address Diabetic Foot & Wound Treatment Ce
1553 Grand Ave. #B

City San Marcos State CA Zip Code 92078-2427

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

Name of Employer Diabetic Foot & Wound Treatment Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2011
Transaction ID: 19067064
 Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Lieke T. Lee

Mailing Address 299 Lexington St.

City Auburndale State MA Zip Code 02466-1211

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

Name of Employer Affiliates In Foot Care Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 03 / 31 / 2011
Transaction ID: 19068690
 Amount of Each Receipt this Period 0.00

[MEMO ITEM]
 Refund(s) on Schedule B
 Totaling \$1051.00 This changes the YTD Total to \$0-00

SUBTOTAL of Receipts This Page (optional) ► 300.00

TOTAL This Period (last page this line number only) ► 47728.00

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

A. Full Name (Last, First, Middle Initial)
Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
2012 Primary

Candidate Name
Rep. Cathy McMorris Rodgers

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18930642
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2012 Primary

B. Full Name (Last, First, Middle Initial)
IMPACT

Mailing Address 509 Madison Ave.
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 18968224
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Gardner For Congress

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement

Candidate Name
Cory Gardner

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: 18968225
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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) Van Hollen For Congress	Transaction ID: 18968226 Date of Disbursement 03 / 06 / 2011
	Mailing Address 10537 St. Paul St.	Amount of Each Disbursement this Period 1000.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Chris Van Hollen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nelson for Senate	Transaction ID: 18968227 Date of Disbursement 03 / 06 / 2011
	Mailing Address PO BOX 8666	Amount of Each Disbursement this Period 1000.00
	City Omaha State NE Zip Code 68108	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Ben Nelson	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Schakowsky For Congress	Transaction ID: 18968228 Date of Disbursement 03 / 06 / 2011
	Mailing Address P.O. Box 5130	Amount of Each Disbursement this Period 1000.00
	City Evanston State IL Zip Code 60204	
	Purpose of Disbursement	011 Category/ Type
	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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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>A. 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 011 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 State: KY District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18968229</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	1	1												
<p>B. Full Name (Last, First, Middle Initial) Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18968230</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	1	1												
<p>C. Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 205 5th Avenue South</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18968231</p> <p>Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	1	1												

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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) Pallone For Congress	Transaction ID: 18968232 Date of Disbursement 03 / 06 / 2011
	Mailing Address PO Box 3176	Amount of Each Disbursement this Period 1000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Frank Pallone, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign	Transaction ID: 18968233 Date of Disbursement 03 / 06 / 2011
	Mailing Address P.O. Box 83142	Amount of Each Disbursement this Period 2000.00
	City Gaithersburg State MD Zip Code 20883	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Charlie A. Gonzalez	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bob Filner for Congress	Transaction ID: 18968276 Date of Disbursement 03 / 07 / 2011
	Mailing Address P.O. Box 127868	Amount of Each Disbursement this Period 1000.00
	City San Diego State CA Zip Code 92112	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Bob Filner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ben Chandler For Congress</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Re-designated 2010 Recount Contribution to 2012 Primary Election Re-designated funds for trans. date</p> <p>Candidate Name Rep. Benjamin Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18973548 Date of Disbursement 03 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>[MEMO ITEM] Re-designated 2010 Recount Contribution to 2012 Primary Election Re-designated funds for trans. date</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Re-designated 2010 Recount Contribution to 2012 Primary Election Re-designated funds for trans. date</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18973552 Date of Disbursement 03 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>[MEMO ITEM] Re-designated 2010 Recount Contribution to 2012 Primary Election Re-designated funds for trans. date</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement 011</p> <p>Candidate Name Sen. Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18989478 Date of Disbursement 03 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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) Friends of Max Baucus	Transaction ID: 18989486 Date of Disbursement
	Mailing Address Box 586	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Sen. Max Baucus	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Diana DeGette For Congress	Transaction ID: 18989487 Date of Disbursement
	Mailing Address P.O. Box 61337	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Diana DeGette	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 18989488 Date of Disbursement
	Mailing Address 2nd Floor 430 S. Capitol Street	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 16</p>	<p>Transaction ID: 18989489 Date of Disbursement 03 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends For Harry Reid</p> <p>Mailing Address P.O. Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District:</p>	<p>Transaction ID: 18989491 Date of Disbursement 03 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Langevin For Congress</p> <p>Mailing Address 181a Knight Street</p> <p>City Warwick State RI Zip Code 02886</p> <p>Purpose of Disbursement Check Lost - Not cashed 011 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 02</p>	<p>Transaction ID: 18989492 Date of Disbursement 03 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Check Lost - Not cashed</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 55

<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)

Langevin For Congress

Mailing Address 181a Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement
Void - Langevin For Congress

Candidate Name
Rep. James R. Langevin

Office Sought: House
 Senate
 President

State: RI District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 19057309

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

-1000.00

Void - Langevin For Congress

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

38500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Ben Chandler For Congress</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Recount2010 Contribution to Recount Initiatives Funds Reported On 2010 Post-General Election Report</p> <p>Candidate Name Rep. Benjamin Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 06</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18973547</p> <p>Date of Disbursement MM / DD / YYYY 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>[MEMO ITEM] Contribution to Recount Initiatives Funds Reported On 2010 Post-General Election Report</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Bishop For Congress</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Recount2010 Contribution to Recount Initiatives Funds Reported On 2010 Post-General Election Report</p> <p>Candidate Name Rep. Timothy Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 01</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 18973551</p> <p>Date of Disbursement MM / DD / YYYY 11 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>[MEMO ITEM] Contribution to Recount Initiatives Funds Reported On 2010 Post-General Election Report</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>0.00</p>

**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 55 / 55

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Lieke T. Lee

Mailing Address 299 Lexington St.

City State Zip Code
Auburndale MA 02466-1211

Purpose of Disbursement
Contribution refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 19017617

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution refund

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)