

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		0.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	0.00									
(c) Total Receipts (from Line 19)	75000.00	75000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75000.00	75000.00								
7. Total Disbursements (from Line 31)	50239.44	50239.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24760.56	24760.56								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	75000.00	75000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	75000.00	75000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	75000.00	75000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75000.00	75000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75000.00	75000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	489.44	489.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	489.44	489.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43250.00	43250.00
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	5000.00	5000.00
(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))	5000.00	5000.00
29. Other Disbursements.....	1500.00	1500.00
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))..	50239.44	50239.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50239.44	50239.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	75000.00	75000.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70000.00	70000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	489.44	489.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	489.44	489.44

**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 / 42
	<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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Krishan K. Aggarwal		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0		
	Mailing Address PO Box 2485		Transaction ID: SA11AI.4339		
	City Springfield	State VA	Zip Code 22152	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

B.	Full Name (Last, First, Middle Initial) Ravi P. Akella		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	Mailing Address 5021 Keeneland Circle		Transaction ID: SA11AI.4111		
	City Orlando	State FL	Zip Code 32819	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

C.	Full Name (Last, First, Middle Initial) Harish Chandna		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0		
	Mailing Address 307 Woodlands Ave		Transaction ID: SA11AI.4109		
	City Victoria	State TX	Zip Code 77904	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Amarjit S. Dhaliwal	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 608 Bing Way	Transaction ID: SA11AI.4344
	City Modesto State CA Zip Code 95356	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Hemant Dhingra	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Mailing Address 8277 N. Paula Ave	Transaction ID: SA11AI.4121
	City Fresno State CA Zip Code 93720	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Harbhajan S. Gill	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	Mailing Address 754 Dane Court	Transaction ID: SA11AI.4101
	City Hemet State CA Zip Code 92543	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	10500.00
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 / 42

(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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Rekesh C. Gupta

Mailing Address 341 E. Main Street
Ste 100

City State Zip Code
San Jacinto CA 92583

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

Name of Employer Occupation
Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11AI.4115

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Suresh C. Gupta

Mailing Address 10805 Nantucket Ter

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11AI.4113

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Ravi Jahagirdar

Mailing Address 396 North Spaulding Cove

City State Zip Code
Heathrow FL 32746

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

Name of Employer Occupation
Physician

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11AI.4337

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

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 / 42

(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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Sunita Kanumury		Date of Receipt	
	Mailing Address 496 East Main Street		M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4347
	Denville	NJ	07384	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer Asthma & Allergy Care		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

B.	Full Name (Last, First, Middle Initial) Narendra R. Kumar		Date of Receipt	
	Mailing Address 3 East Grove Court		M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4342
	Freeland	MI	48623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

C.	Full Name (Last, First, Middle Initial) Ajay K. Lodha		Date of Receipt	
	Mailing Address 7 Oak Ridge Lane		M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4119
	Roslyn	NY	11576	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		5000.00	
Name of Employer		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)

15000.00

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 10 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Hemant Mehta

Mailing Address 1231 W. Acalla

City Hemet State CA Zip Code 92543

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

Name of Employer Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.4107
Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
Asha Parikh

Mailing Address 9210 Prestwick Club Dr

City Duluth State GA Zip Code 30097

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

Name of Employer Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 25 / 2010
Transaction ID: SA11AI.4340
Amount of Each Receipt this Period: 5000.00

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

Mailing Address 1640 West Florida Ave

City Hemet State CA Zip Code 92543

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

Name of Employer Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.4103
Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ► 8000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 42
	<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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Jayesh B. Shah		Date of Receipt
	Mailing Address PO Box 780764		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	San Antonio	TX	78278
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.4123
		Physician	
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

B.	Full Name (Last, First, Middle Initial) Shashi S. Shan		Date of Receipt
	Mailing Address 89 Shore Road		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Manhasset	NY	11030
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.4117
		Physician	
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

C.	Full Name (Last, First, Middle Initial) Surendra K. Sharma		Date of Receipt
	Mailing Address 4020 W. Florida Ave		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hemet	CA	92543
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA11AI.4105
		Physician	
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="11500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="75000.00"/>

**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)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Branch Bank And Trust Company <hr/> Mailing Address 1909 K Street NW <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Bank Fee Candidate Name	Transaction ID: SB21B.4394 Date of Disbursement 11 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 420.00
B. Full Name (Last, First, Middle Initial) Branch Bank And Trust Company <hr/> Mailing Address 1909 K Street NW <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement Bank Fee Candidate Name	Transaction ID: SB21B.4397 Date of Disbursement 11 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 69.44

SUBTOTAL of Disbursements This Page (optional) ►

489.44

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

489.44

**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 13 / 42

<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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS	Transaction ID: SB23.4231 Date of Disbursement 10 / 27 / 2010
	Mailing Address P.O. Box 261060	Amount of Each Disbursement this Period 250.00
	City Los Angeles State CA Zip Code 90026	011 Category/ Type
	Purpose of Disbursement Candidate Name BECERRA FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BERA FOR CONGRESS	Transaction ID: SB23.4168 Date of Disbursement 10 / 27 / 2010
	Mailing Address Post Office Box 582496	Amount of Each Disbursement this Period 1000.00
	City Elk Grove State CA Zip Code 95758	011 Category/ Type
	Purpose of Disbursement Committee Contribution Candidate Name AMERISH BERA	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.4243 Date of Disbursement 10 / 27 / 2010
	Mailing Address 3069 Conquista Court	Amount of Each Disbursement this Period 250.00
	City Las Vegas State NV Zip Code 89121	011 Category/ Type
	Purpose of Disbursement Candidate Name BERKLEY FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BILL CASSIDY FOR CONGRESS	Transaction ID: SB23.4162 Date of Disbursement																			
	Mailing Address 8550 United Plaza Blvd. Suite 1001	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
	City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Committee Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name WILLIAM CASSIDY	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) BLUMENAUER FOR CONGRESS	Transaction ID: SB23.4237 Date of Disbursement																			
	Mailing Address 830 NE Holladay, #105	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Committee Contribution	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name BLUMENAUER FOR CONGRESS	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.4181 Date of Disbursement																			
	Mailing Address P. O. Box 17813	<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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Committee Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name ERIC CANTOR	<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>2250.00</td></tr></table>	2250.00
2250.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07</p>	<p>Transaction ID: SB23.4352 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Committee Contribution 011 Category/ Type</p> <p>Candidate Name JASON ALTMIRE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04</p>	<p>Transaction ID: SB23.4138 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN</p> <p>Mailing Address P O BOX 811</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement Committee Contribution 011 Category/ Type</p> <p>Candidate Name CITIZENS FOR HARKIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00</p>	<p>Transaction ID: SB23.4294 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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)

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) CITIZENS TO ELECT PHIL ROE TO CONGRESS</p> <p>Mailing Address PO BOX 3218</p> <p>City JOHNSON CITY State TN Zip Code 37602</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name DAVID PHILLIP ROE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4164 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010</p> <p>Mailing Address POST OFFICE BOX 977</p> <p>City MUSKOGEE State OK Zip Code 74402</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name COBURN FOR SENATE 2010</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4310 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMITTEE, THE</p> <p>Mailing Address P.O. Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name JOE LINUS BARTON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4203 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name HENRY A. WAXMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4191</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) COURTNEY FOR CONGRESS</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name JOSEPH D COURTNEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4140</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement</p> <p>Candidate Name CROWLEY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4247</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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

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

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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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name DAVE CAMP FOR CONGRESS 2010</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p>Transaction ID: SB23.4249 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 430 South Capitol Street, SE 2nd Floor</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Committee Contribution 011 Category/ Type</p> <p>Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: SB23.4189 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 6545</p> <p>City VISALIA State CA Zip Code 93290</p> <p>Purpose of Disbursement Committee Contribution 011 Category/ Type</p> <p>Candidate Name DEVIN NUNES CAMPAIGN COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 21</p>	<p>Transaction ID: SB23.4262 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2750.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS</p> <p>Mailing Address PO Box 5843</p> <p>City Austin State TX Zip Code 78763</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name DOGGETT FOR US CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 25</p>	<p>Transaction ID: SB23.4233 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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	7		2	0	1	0													
250.00																						
<p>B. Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Committee Contribution 011 Category/Type</p> <p>Candidate Name ELIOT L. REP. ENGEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 17</p>	<p>Transaction ID: SB23.4196 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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	7		2	0	1	0													
250.00																						
<p>C. Full Name (Last, First, Middle Initial) FRIENDS FOR JIM MCDERMOTT</p> <p>Mailing Address PO Box 21786</p> <p>City Seattle State WA Zip Code 98111</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name FRIENDS FOR JIM MCDERMOTT</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 07</p>	<p>Transaction ID: SB23.4229 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>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0		2	7		2	0	1	0													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">1500.00</td></tr></table>	1500.00
1500.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN GEORGE MILLER	Transaction ID: SB23.4313 Date of Disbursement
	Mailing Address P.O. Box 5864	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Concord State CA Zip Code 94524	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name GEORGE MILLER	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT	Transaction ID: SB23.4351 Date of Disbursement
	Mailing Address P. O. Box 53322	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bellevue State WA Zip Code 98015	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="250.00"/>
	Candidate Name FRIENDS OF DAVE REICHERT	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN THOMPSON	Transaction ID: SB23.4166 Date of Disbursement
	Mailing Address PO Box 1112	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State College State PA Zip Code 16804	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="250.00"/>
	Candidate Name GLENN MR. THOMPSON	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
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)

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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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JARED POLIS COMMITTEE	Transaction ID: SB23.4144 Date of Disbursement
	Mailing Address P.O. Box 4572	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Boulder State CO Zip Code 80306	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="250.00"/>
	Candidate Name JARED POLIS	<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: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER	Transaction ID: SB23.4355 Date of Disbursement
	Mailing Address PO BOX 1909	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CHARLESTON State WV Zip Code 25327	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN DAVISON IV ROCKEFELLER	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: SB23.4325 Date of Disbursement
	Mailing Address PO BOX 775	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Unionville State PA Zip Code 19375	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="250.00"/>
	Candidate Name FRIENDS OF JOE PITTS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
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)

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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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER	Transaction ID: SB23.4179 Date of Disbursement 10 / 27 / 2010
	Mailing Address 7908 Cincinnati Dayton Road Suite I	Amount of Each Disbursement this Period 1000.00
	City West Chester State OH Zip Code 45069	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name JOHN A BOEHNER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC	Transaction ID: SB23.4307 Date of Disbursement 10 / 27 / 2010
	Mailing Address C/O CAPLIN AND DRYSDALE ONE THOMAS CIRCLE NW-SUITE 100	Amount of Each Disbursement this Period 500.00
	City ARLINGTON State VA Zip Code 22215	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name FRIENDS OF JOHN MCCAIN INC	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN SARBANES	Transaction ID: SB23.4200 Date of Disbursement 10 / 27 / 2010
	Mailing Address PO Box 6854	Amount of Each Disbursement this Period 250.00
	City Towson State MD Zip Code 21285	
	Purpose of Disbursement Committee Contribution	011 Category/ Type
	Candidate Name JOHN P. MR. SARBANES	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1750.00
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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MAZIE HIRONO	Transaction ID: SB23.4136 Date of Disbursement
	Mailing Address PO BOX 677	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HONOLULU State HI Zip Code 96809	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="250.00"/>
	Candidate Name MAZIE MRS. HIRONO	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON	Transaction ID: SB23.4253 Date of Disbursement
	Mailing Address P.O. Box 860096	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Plano State TX Zip Code 75086	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="250.00"/>
	Candidate Name FRIENDS OF SAM JOHNSON	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.4282 Date of Disbursement
	Mailing Address 509 MADISON AVE SUITE 1902	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name FRIENDS OF SCHUMER	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
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)

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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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF WEINER</p> <p>Mailing Address 1 Ascan Avenue #31 suite 31</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name ANTHONY D MR WEINER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 09</p>	<p>Transaction ID: SB23.4198</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS</p> <p>Mailing Address PO Box 17192 Suite F</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement</p> <p>Candidate Name GEOFF DAVIS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 04</p>	<p>Transaction ID: SB23.4350</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON</p> <p>Mailing Address POST OFFICE BOX 250116</p> <p>City ATLANTA State GA Zip Code 30325</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name GEORGIANS FOR ISAKSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 00</p>	<p>Transaction ID: SB23.4304</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>1000.00</p>
<p>TOTAL This Period (last page this line number only)</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)

<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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name GINGREY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11</p>	<p>Transaction ID: SB23.4223 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>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	7	/	2	0	1	0													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) 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 Committee Contribution 011 Category/Type</p> <p>Candidate Name S. BRETT GUTHRIE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 02</p>	<p>Transaction ID: SB23.4160 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>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	7	/	2	0	1	0													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)</p> <p>Mailing Address POST OFFICE BOX 711</p> <p>City ROCKWALL State TX Zip Code 75087</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 04</p>	<p>Transaction ID: SB23.4205 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>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	1	0	250.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	7	/	2	0	1	0													
250.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">2250.00</td></tr></table>	2250.00
2250.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name HATCH ELECTION COMMITTEE INC</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4285 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS</p> <p>Mailing Address PO Box 531086</p> <p>City Henderson State NV Zip Code 89053</p> <p>Purpose of Disbursement</p> <p>Candidate Name DEAN HELLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4353 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4176 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) JOE WILSON FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 2145</p> <p>City WEST COLUMBIA State SC Zip Code 29171</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name JOE THE HON. WILSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4155</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS INC</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name WU FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4215</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN TIERNEY FOR CONGRESS</p> <p>Mailing Address 49 Federal Street</p> <p>City Salem State MA Zip Code 01970</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name JOHN F TIERNEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4322</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) JUDY BIGGERT FOR CONGRESS <hr/> Mailing Address P.O. Box 637 <hr/> City Hinsdale State IL Zip Code 60522 <hr/> Purpose of Disbursement Committee Contribution Candidate Name JUDY BIGGERT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 13	Transaction ID: SB23.4152 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE <hr/> Mailing Address 205 5th Avenue South Suite 428 <hr/> City La Crosse State WI Zip Code 54601 <hr/> Purpose of Disbursement Candidate Name KIND FOR CONGRESS COMMITTEE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 03	Transaction ID: SB23.4239 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) KLINE FOR CONGRESS <hr/> Mailing Address 101 W Burnsville Pkwy Suite 104 Suite 104 <hr/> City Burnsville State MN Zip Code 55337 <hr/> Purpose of Disbursement Committee Contribution Candidate Name JOHN PAUL JR KLINE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 02	Transaction ID: SB23.4150 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS</p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name LEVIN FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12</p>	<p>Transaction ID: SB23.4225 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MARCIA FUDGE FOR CONGRESS</p> <p>Mailing Address 3729 SILSBY RD</p> <p>City UNIVERSITY HEIGHTS State OH Zip Code 44118</p> <p>Purpose of Disbursement Committee Contribution 011 Category/Type</p> <p>Candidate Name MARCIA L FUDGE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 11</p>	<p>Transaction ID: SB23.4142 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 3750</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 07</p>	<p>Transaction ID: SB23.4221 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) MCCOTTER CONGRESSIONAL COMMITTEE</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name THADDEUS G. MR. MCCOTTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4185</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement</p> <p>Candidate Name MICHAEL BURGESS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4219</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE</p> <p>Mailing Address P.O. BOX 1948</p> <p>City BOISE State ID Zip Code 83701</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name MIKE CRAPO FOR US SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4288</p> <p>Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MIKE PENCE COMMITTEE <hr/> Mailing Address P. O. Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement Committee Contribution Candidate Name MIKE PENCE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4183 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS <hr/> Mailing Address 5429 Madison Avenue <hr/> City Sacramento State CA Zip Code 95841 <hr/> Purpose of Disbursement Candidate Name MIKE THOMPSON FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4235 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE <hr/> Mailing Address PO BOX 13147 <hr/> City BALTIMORE State MD Zip Code 21203 <hr/> Purpose of Disbursement Candidate Name MIKULSKI FOR SENATE COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4297 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE <hr/> Mailing Address 320 FIRST STREET SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement Committee Contribution Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.4187 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Candidate Name PALLONE FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06	Transaction ID: SB23.4193 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PASCARELL FOR CONGRESS <hr/> Mailing Address P.O. Box 640 <hr/> City Totowa State NJ Zip Code 07511 <hr/> Purpose of Disbursement Candidate Name PASCARELL FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 08	Transaction ID: SB23.4241 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 250.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2250.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS</p> <p>Mailing Address 911 Central Avenue PO Box 221</p> <p>City Albany State NY Zip Code 12206</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name PAUL DAVID TONKO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4146 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement</p> <p>Candidate Name PETE STARK RE-ELECTION COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4227 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PIERLUISI 2008 INC.</p> <p>Mailing Address PMB 232 1353 ROAD 19</p> <p>City GUAYNABO State PR Zip Code 00966</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name PEDRO R PIERLUISI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PR District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4148 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name THOMAS EDMUNDS PRICE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4157 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) RAJ GOYLE FOR CONGRESS, INC.</p> <p>Mailing Address P.O. Box 780971</p> <p>City Wichita State KS Zip Code 67278</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name RAJ GOYLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4170 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) ROB ANDREWS U.S. HOUSE COMMITTEE</p> <p>Mailing Address 215 FOURTH AVENUE</p> <p>City HADDON HEIGHTS State NJ Zip Code 07076</p> <p>Purpose of Disbursement Committee Contribution</p> <p>Candidate Name ROBERT E. MR. ANDREWS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4316 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name ROGERS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 08</p>	<p>Transaction ID: SB23.4211 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<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 Committee Contribution 011 Category/ Type</p> <p>Candidate Name ROSKAM FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 06</p>	<p>Transaction ID: SB23.4276 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) RUBEN HINOJOSA FOR CONGRESS</p> <p>Mailing Address 502 North 11th Street</p> <p>City McAllen State TX Zip Code 78501</p> <p>Purpose of Disbursement Committee Contribution 011 Category/ Type</p> <p>Candidate Name RUBEN E. HINOJOSA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 15</p>	<p>Transaction ID: SB23.4319 Date of Disbursement 10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS	Transaction ID: SB23.4255 Date of Disbursement 10 / 27 / 2010
	Mailing Address P. O. Box 1919 P. O. Box 1919	Amount of Each Disbursement this Period 250.00
	City Janesville State WI Zip Code 53547	
	Purpose of Disbursement	011 Category/Type
	Candidate Name RYAN FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS	Transaction ID: SB23.4213 Date of Disbursement 10 / 27 / 2010
	Mailing Address P.O. Box 37091	Amount of Each Disbursement this Period 250.00
	City Charlotte State NC Zip Code 28237	
	Purpose of Disbursement	011 Category/Type
	Candidate Name SUE MYRICK FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) SUSAN DAVIS FOR CONGRESS	Transaction ID: SB23.4349 Date of Disbursement 10 / 25 / 2010
	Mailing Address 1212 S. Victory Blvd. Suite 200	Amount of Each Disbursement this Period 250.00
	City Burbank State CA Zip Code 91502	
	Purpose of Disbursement	011 Category/Type
	Candidate Name SUSAN DAVIS FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) SUSAN DAVIS FOR CONGRESS	Transaction ID: SB23.4135 Date of Disbursement
	Mailing Address 1212 S. Victory Blvd. Suite 200	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="250.00"/>
	Candidate Name SUSAN A DAVIS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC	Transaction ID: SB23.4291 Date of Disbursement
	Mailing Address PO BOX 13026 SUITE 180	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City AUSTIN State TX Zip Code 78711	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="1000.00"/>
	Candidate Name TEXANS FOR SENATOR JOHN CORNYN INC	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THE RICHARD BURR 2010 VICTORY COMMITTEE	Transaction ID: SB23.4300 Date of Disbursement
	Mailing Address PO Box 5456	<input type="text" value="10"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement Committee Contribution	<input type="text" value="500.00"/>
	Candidate Name THE RICHARD BURR 2010 VICTORY COMMITTEE	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1750.00"/>
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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS <hr/> Mailing Address P.O. BOX 24551 <hr/> City PITTSBURGH State PA Zip Code 15234 <hr/> Purpose of Disbursement <hr/> Candidate Name TIM MURPHY FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4217 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TRIVEDI FOR CONGRESS <hr/> Mailing Address 83 W Main St Suite 2 <hr/> City Elverson State PA Zip Code 19520 <hr/> Purpose of Disbursement Committee Contribution <hr/> Candidate Name MANAN TRIVEDI <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4174 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS <hr/> Mailing Address 10537 St. Paul St. <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement <hr/> Candidate Name VAN HOLLEN FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4245 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS	Transaction ID: SB23.4209
	Mailing Address P.O. BOX 661 PO BOX 5458	Date of Disbursement 10 / 27 / 2010
	City COLLINSVILLE State IL Zip Code 62234	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Candidate Name VOLUNTEERS FOR SHIMKUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE	Transaction ID: SB23.4251
	Mailing Address PO Box 1007	Date of Disbursement 10 / 27 / 2010
	City Willows State CA Zip Code 95988	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Candidate Name WALLY HERGER FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITTEE	Transaction ID: SB23.4207
	Mailing Address P.O. BOX 391	Date of Disbursement 10 / 27 / 2010
	City HOPKINSVILLE State KY Zip Code 42241	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Candidate Name WHITFIELD FOR CONGRESS COMMITTEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) WU FOR CONGRESS <hr/> Mailing Address 818 SW Third Ave., #1182 <hr/> City Portland State OR Zip Code 97204 <hr/> Purpose of Disbursement Committee Contribution Candidate Name DAVID WU <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4129 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 250.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) WYDEN FOR SENATE <hr/> Mailing Address 232 NE 9TH AVENUE <hr/> City PORTLAND State OR Zip Code 97232 <hr/> Purpose of Disbursement Candidate Name RONALD LEE WYDEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4357 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 500.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

750.00

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

43250.00

**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)

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<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)

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Ravi Jahagirdar

Mailing Address 396 North Spaulding Cove

City Heathrow State FL Zip Code 32746

Purpose of Disbursement
Non Sufficient Funds

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB28A.4400

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00

**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)

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<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)

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Nikki Haley for Governor

Mailing Address

City

State
SC

Zip Code

Purpose of Disbursement
Committee Contribution

Candidate Name
Nikki Haley for Governor

Office Sought: House
 Senate
 President

State:

District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB29.4257

Date of Disbursement

^M 1	^M 0	/	^D 2	^D 7	/	^Y 2	^Y 0	^Y 1	^Y 0
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Amount of Each Disbursement this Period

1500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00