

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814-1698

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

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

5. Covering Period 10 / 01 / 2011 through 10 / 31 / 2011

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

Type or Print Name of Treasurer Dr. William Dabdoub DPM

Signature of Treasurer Dr. William Dabdoub DPM [Electronically Filed] Date 11 / 17 / 2011

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		243863.33
(b) Cash on Hand at Beginning of Reporting Period.....	411376.16	
(c) Total Receipts (from Line 19) .....	18322.00	410489.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	429698.16	654353.27
7. Total Disbursements (from Line 31).....	6500.00	231155.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	423198.16	423198.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9763.00	261263.33
(ii) Unitemized .....	8559.00	140174.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18322.00	401437.83
(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) .....	18322.00	401437.83
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	9052.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18322.00	410489.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18322.00	410489.94

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	10754.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	10754.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	218500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1901.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1901.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6500.00	231155.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	231155.11

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18322.00	401437.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1901.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18322.00	399536.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	10754.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	10754.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Steven M. Spinner</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2011 <b>Transaction ID : 19405541</b>
Mailing Address 1031 Coralina Ln.		Amount of Each Receipt this Period 125.00
City Delray Beach	State FL	Zip Code 33483-6792
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael James Chin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2011 <b>Transaction ID : 19405543</b>
Mailing Address 15 N. Racine Ave. #501		Amount of Each Receipt this Period 250.00
City Chicago	State IL	Zip Code 60607-2003
FEC ID number of contributing federal political committee. C		
Name of Employer Windy City Foot & Ankle Physicians	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Louise Ellen Tortora</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2011 <b>Transaction ID : 19438189</b>
Mailing Address 119 Chelsea St.		Amount of Each Receipt this Period 40.00
City Fairfield	State CT	Zip Code 06824-4942
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	415.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dr. William H. Dabdoub</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2011 <b>Transaction ID : 19439747</b>
Mailing Address 100 Ayshire Ct.		Amount of Each Receipt this Period 150.00
City Slidell	State LA	Zip Code 70461-5034
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Andrew V. Wahl</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2011 <b>Transaction ID : 19446829</b>
Mailing Address 17860 Richmond Rd.		Amount of Each Receipt this Period 500.00
City Plainfield	State IL	Zip Code 60586-8219
FEC ID number of contributing federal political committee. C		
Name of Employer Essington Podiatry Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Aniello Scotti Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2011 <b>Transaction ID : 19447073</b>
Mailing Address 1 Three Pond Rd.		Amount of Each Receipt this Period 25.00
City Smithtown	State NY	Zip Code 11787-1830
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 201 68th Pl.

City Kenosha State WI Zip Code 53143-5137

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 07 / 2011  
**Transaction ID : 19447074**

Amount of Each Receipt this Period 125.00

**B. Dr. Derek J. McCammon**  
Full Name (Last, First, Middle Initial)

Mailing Address 9477 S.E. Emerald Loop

City Portland State OR Zip Code 97086-8037

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt 10 / 07 / 2011  
**Transaction ID : 19447075**

Amount of Each Receipt this Period 42.00

**C. Dr. Dmitry Sandler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2830 Fairways Dr.

City Homestead State FL Zip Code 33035-1176

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 12 / 2011  
**Transaction ID : 19451092**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 267.00

**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 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dr. Malcolm Derek Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Overlook Rd.  
 City Ponca City State OK Zip Code 74604-7331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 17 / 2011**  
**Transaction ID : 19454829**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Craig H. Thomajan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Austin Foot & Ankle Specialists  
 5000 Bee Cave Rd. #202  
 City West Lake Hills State TX Zip Code 78746-5254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 20 / 2011**  
**Transaction ID : 19459638**  
 Amount of Each Receipt this Period **100.00**

**C. Dr. Robert J. Warkala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Harrowgate Dr.  
 City Cherry Hill State NJ Zip Code 08003-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1600.00**

Date of Receipt **10 / 21 / 2011**  
**Transaction ID : 19460295**  
 Amount of Each Receipt this Period **160.00**

**SUBTOTAL** of Receipts This Page (optional)..... **760.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Richard A. Armstrong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Falmouth Podiatry  
 342A Gifford St.  
 City Falmouth State MA Zip Code 02540-2948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Falmouth Podiatry Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2011  
**Transaction ID : 19462323**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Tyson E. Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4213 Maidstone Dr.  
 City Lake Charles State LA Zip Code 70605-4033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2011  
**Transaction ID : 19462324**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Edward A. Bustamante**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2829 Indian Creek Dr. #1010  
 City Miami Beach State FL Zip Code 33140-4730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer S. Miami Foot Health Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2011  
**Transaction ID : 19462336**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Dr. Liana G. Seldin**  
Full Name (Last, First, Middle Initial)

Mailing Address 325 Meridian Ave. #10

City Miami Beach State FL Zip Code 33139-8713

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **10 / 23 / 2011**

**Transaction ID : 19462337**

Amount of Each Receipt this Period **250.00**

**B. Dr. Georgina A. Asante**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 10th Ave. #305

City Columbus State GA Zip Code 31901-1400

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **10 / 25 / 2011**

**Transaction ID : 19463428**

Amount of Each Receipt this Period **45.00**

**C. Dr. Frederick D. Buxbaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 242 E. 19th St. #9-A

City New York State NY Zip Code 10003-2636

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 25 / 2011**

**Transaction ID : 19466549**

Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **370.00**

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

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

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

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

**A. Dr. Charles P. Sanicola**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19511 Spring Valley Dr.  
 City Hagerstown State MD Zip Code 21742-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19466550**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Subodh K. Choudhary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 Raven Rd.  
 City Greenville State SC Zip Code 29615-4248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Piedmont Podiatry Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1001.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19466552**  
 Amount of Each Receipt this Period  
 1001.00

**C. Dr. Michael R. Droulette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11304 Odell Farms Ct.  
 City Beltsville State MD Zip Code 20705-4106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2011  
**Transaction ID : 19467897**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1451.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Dr. Howard G. Osterman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7512 Flamewood Dr.  
 City Clarksville State MD Zip Code 21029-1824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19467902**  
 Amount of Each Receipt this Period 300.00

**B. Dr. Erika M. Schwartz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 909 Northwest Dr.  
 City Silver Spring State MD Zip Code 20901-1435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 10 / 27 / 2011  
**Transaction ID : 19467903**  
 Amount of Each Receipt this Period 150.00

**C. Dr. Deborah Ketterer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28229 149th Ave. S.E.  
 City Kent State WA Zip Code 98042-4551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19468336**  
 Amount of Each Receipt this Period 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Dr. Peter A. Blume**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Timber Ln.  
 City Woodbridge State CT Zip Code 06525-1835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Blume Pod. Group/Aff. Foot Surgeons Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : 19468337**  
 Amount of Each Receipt this Period **500.00**

**B. Dr. Kenneth Wichman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Manchester Podiatry Center, P.C.  
 117 E. Center St.  
 City Manchester State CT Zip Code 06040-5203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Manchester Podiatry Center, P.C. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : 19468338**  
 Amount of Each Receipt this Period **300.00**

**C. Dr. Michael Z. Fein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Lakeview Dr.  
 City Easton State CT Zip Code 06612-1700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 28 / 2011**  
**Transaction ID : 19468339**  
 Amount of Each Receipt this Period **300.00**

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

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

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

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

**A. Dr. Christian J. Wunderlich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1934 Drexel Hill Ct.  
 City Des Peres State MO Zip Code 63131-3647  
 Name of Employer Kirkwood Podiatry, Inc. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19468340**  
 Amount of Each Receipt this Period 300.00

**B. Dr. Brian G. Ralph**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 478 Huger St.  
 City Charleston State SC Zip Code 29403-4343  
 Name of Employer Charleston Podiatry Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19468345**  
 Amount of Each Receipt this Period 300.00

**C. Dr. Richard Gosnay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Marc Rd.  
 City Danbury State CT Zip Code 06810-8262  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2011  
**Transaction ID : 19468346**  
 Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Dr. Horst P. Knapp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2612 Geiberger Dr.  
 City Plano State TX Zip Code 75025-5167  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2011  
**Transaction ID : 19468989**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Gregory L. Cooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8033 Paseo Del Ocaso  
 City La Jolla State CA Zip Code 92037-3232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : 19468995**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. James Mothershed Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1249 Kent Place Ln.  
 City Winston Salem State NC Zip Code 27104-1140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : 19469001**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
	<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	<input type="checkbox"/> 17

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

**A. Dr. Richard Chwastiak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 E. Broad St.  
 City Tamaqua State PA Zip Code 18252-2206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : 19469008**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Paul H. Schwarzentraub**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4601 66th St. #A  
 City Lubbock State TX Zip Code 79414-4875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : 19469014**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Theodore L. Deffinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3515 Sierra Rd.  
 City San Jose State CA Zip Code 95132-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2011  
**Transaction ID : 19469022**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Michael S. Schey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2922 Woodland Ridge Dr.  
 City West Bloomfield State MI Zip Code 48323-3560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lakeside Podiatrists PC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : 19469027**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. John N. Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 547 E. Huron St.  
 City Milford State MI Zip Code 48381-2424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : 19505175**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Jill H. Scholz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4248 Turkey Creek Rd.  
 City Iowa City State IA Zip Code 52240-7844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Town Square Family Foot Care Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : 19505177**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9763.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Davis for Congress**

Mailing Address 5630 W. Division St.

City Chicago State IL Zip Code 60651

Purpose of Disbursement

011

Candidate Name

**Rep. Danny K. Davis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2011			

**Transaction ID : 19453796**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Brian Bilbray For Congress**

Mailing Address 991c Lomas Santa Fe Drive  
# 192

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement

011

Candidate Name

**Rep. Brian P. Bilbray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2011			

**Transaction ID : 19453804**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Charlie Dent For Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

011

Candidate Name

**Rep. Charles W. Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2011			

**Transaction ID : 19453811**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jesse Jackson Jr For Congress**

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement

011

Candidate Name

**Rep. Jesse L. Jackson Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	1

**Transaction ID : 19453812**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership PAC**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	1

**Transaction ID : 19454056**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends Of Chris Murphy**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Funds Reported On October Monthly FEC Report

011

Candidate Name

**Mr. Christopher Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

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

**Transaction ID : 19488392**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**[MEMO ITEM]**

Funds Reported On October Monthly FEC Report

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Podiatric Medical Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Chris Murphy**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Re-designated funds for trans. dated 09/26/2011

Category/  
Type

Candidate Name  
**Mr. Christopher Murphy**

Office Sought:  House  Senate  President  
State: CT District:  Primary  General  Other (specify) ▼  
2012 CT Convention E

Date of Disbursement

/  /

**Transaction ID : 19488393**

Amount of Each Disbursement this Period

**[MEMO ITEM]**  
Re-designated funds for trans. dated 09/26/2011

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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