05/20/2011 09:57

Image# 11931492107

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Oth	er inan An	Autnorize	ea Comm	ittee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		MAILING LAE OR PRINT		kample:If typi ver the lines	ng, type				
L	American Podiatric Medical A	ssociation	Political Action	Committee			1 1 1		1 1 1 1	
Ш										
AD	DRESS (number and street)	9312 0	Old Georgetowr	Road			1 1 1			шШ
	Check if different than previously reported. (ACC)	Bethes	sda 				MD	20	814 16	698
2.	FEC IDENTIFICATION NUM	BER 1	_	CITY 🔔			STATE	, Z	ZIPCODE .	A
	C00008839			3. IS THIS REPOR	Т	NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	ÌΈ	Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Dei (No Yea	v 20 (M11) on-Election ar Only) c 20 (M12) on-Election ar Only)
	April 15 Quarterly Report(Q July 15 Quarterly Report(Q: October 15 Quarterly Report(Q:	2) (c) 12-Day PRE-Electic Report for t		Primary (1		=	eral (12G)	Ru	noff (12R)
	January 31 Quarterly Report(YI	≣)		Election on			-		in the State of	
	July 31 Mid-Year Report(Non-electior Year Only) (MY) Termination Report (TER)		Post -Elect Report for t		General (3	80G)	Run		Spo in the State of	ecial (30S)
5.	Covering Period 0 4	0	1 201	1	through	0 4	30	2011		
	ertify that I have examined this F be or Print Name of Treasurer		to the best of r /illiam Dabdoub		e and belief it	is true, correct	and comp	lete.		
Sig	nature of Treasurer Electron	nically Filed	d by Dr. Willi	am Dabdoub	, DPM		Date	05 20	20	1 1
NO	TE : Submission of false, error	neous, or ir	ncomplete infor	mation may s	ubject the pe	erson signing th	nis Report t	o the penalties o	of 2 U.S.C 4	137g.
	Office Use								FORM 3	3X

FE6AN026

Report Covering the Period:

FEC Form 3X (Rev. 02/2003)

From:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS Page 2

To:

2011

Write or Type Committee Name American Podiatric Medical Association Political Action Committee ^D 30 м м 0 4 м м 0 4 D D

2011

0 1

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 2011		243863.33
(b) Cash on Hand at Begining of Reporting Period	399119.66	
(c) Total Receipts (from Line 19)	45678.60	258812.23
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	444798.26	502675.56
Total Disbursements (from Line 31)	38697.60	96574.90
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	406100.66	406100.66
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

м м 0 4 0 1 м°м 0 4 30 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 24425.00 170390.33 (i) Itemized (use Schedule A) 18056.00 83898.00 (ii) Unitemized (iii) TOTAL (add 42481.00 254288.33 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 42481.00 254288.33 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 3197.60 4523.90 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 45678.60 258812.23 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 45678.60 258812.23 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements FEC. Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A	COLUMN B	
	Total This Period	Calendar Year-to-Date	
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	3197.60	4523.90	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	3197.60	4523.90	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	35500.00	91000.00	
4. Independent Expenditure (use Schedule E)	0.00	0.00	
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	1051.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1051.00	
9. Other Disbursements	0.00	0.00	
0. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)	2.22		
(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	
1. Total Disbursements (add Lines 21(c), 22,	38697.60	96574.90	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30007.00	90374.90	
22. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	38697.60	96574.90	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	tions (other than loans)	42481.00	254288.33
4. Total Contribu (from Line 28(tion Refunds d))	0.00	1051.00
	ons (other than loans) 34 from Line 33)	42481.00	253237.33
	Operating Expenditures ()(i) and Line 21(b))	3197.60	4523.90
•	erating Expenditures page 3)	0.00	0.00
88. Net Operating (subtract Line	Expenditures 37 from Line 36)	3197.60	4523.90

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements mane name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associat			
	Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub			Date of Receipt
	Mailing Address 100 Ayshire Ct.			$\begin{bmatrix} & & & & & & & & & & & & & & & & & & &$
	City	State	Zip Code	Transaction ID: 19001069
	Slidell	LA	70461-5034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1300.00	
	Full Name (Last, First, Middle Initial) Dr. Steven M. Spinner			Date of Receipt
	Mailing Address 1031 Coralina Ln.	04 01 7 2011		
	City	State	Zip Code	Transaction ID: 19001073
	Delray Beach	FL	33483-6792	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Richard Arthur Burnell			Date of Receipt
	Mailing Address 133 Sparkleberry Ln.			M M / D D / Y Y Y Y Y O D D / 2011
	City	State	Zip Code	Transaction ID: 19053981
	Camden	SC	29020-9197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
	SUBTOTAL of Receipts This Page (optional)			575.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 7/32 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may e name and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Association	on Political A	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson			Date of Receipt
Mailing Address 201 68th Pl.			0 4 0 7 2 0 1 1
City	State	Zip Code	Transaction ID: 19059992
Kenosha	WI	53143-5137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Self-Employed	Occupation		
Receipt For:		Physician Year-to-Date ▼	\dashv
Primary General	Aggregate		7
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Francis John Rottier			Date of Receipt
Mailing Address 1529 W. Montana St.	#1		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19060006
Chicago	IL	60614-2007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1
Full Name (Last, First, Middle Initial) Dr. Michael E. Graham			Date of Receipt
Mailing Address Center for Foot & Ank 45700 Schoenherr Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19064611
Shelby Township	MI	48315-6033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Center for Foot & Ankle Disorders	Occupation Podiatric	n Physician	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 32 (check only one) X
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associati	ion Political <i>F</i>	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Laura J. Pickard Mailing Address Norridge Foot Clinic			Date of Receipt
	7325 W. Irving Park F	04 13 2011		
	City	State	Zip Code	Transaction ID: 19064618
	Chicago	IL	60634-3547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Norridge Foot Clinic	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00]
	Full Name (Last, First, Middle Initial) Dr. Thomas V. Johnson			Date of Receipt
	Mailing Address 289 Main St.			04 / 13 / Y Y Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: 19064626
	Suffield	СТ	06078-1332	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Podiatry Care	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. David Alan Yeager			Date of Receipt
	Mailing Address 2165 Fawn Ridge Dr.			04 13 2011
	City	State	Zip Code	Transaction ID: 19064628
	Dixon	IL	61021-9502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer KSB Medical Group/Foot & Ankle Center	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
Г	UBTOTAL of Receipts This Page (optional)			1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jason Christopher Miller Mailing Address 1735 Sandy Trail Ct. City	State	Zip Code	Date of Receipt 0 4 1 3 2 0 1 1 Transaction ID: 19064629
Kingwood FEC ID number of contributing federal political committee.	C	77339-2933	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼		n Physician • Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Grace D. Pascual Mailing Address 86274 Alamihi St.			Date of Receipt 0 4 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: 19064631
Waianae FEC ID number of contributing federal political committee.	C	96792-2911	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Matt Andrew Heilala Mailing Address 16734 Briarcliff Pointe			Date of Receipt
			04 13 2011
City <u>Anchorage</u>	State AK	Zip Code 99516-5432	Transaction ID: 19064633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional) .			1600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 32 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	iation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Bruce M. Jacob			Date of Receipt
Mailing Address 4319 Foxpointe Dr.			0 4 1 3 2 0 1 1
City West Bloomfield	State MI	Zip Code 48323-2615	Transaction ID: 19064634 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Eugene L. Nassif, Jr.	I		Date of Receipt
Mailing Address 4095 Hickory Hill L	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Cedar Rapids	State IA	Zip Code 52403-3738	Transaction ID: 19064639
FEC ID number of contributing federal political committee.	C	32403-3730	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Sandra R. Sheehan			Date of Receipt
Mailing Address 2564 Dobbin Holm	es Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Eastover	State NC	Zip Code 28312-8124	Transaction ID: 19067022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.20.2	300.00
Name of Employer Cape Fear Podiatry Associ- ates		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	- D		1600.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Repor or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.			
	sociation Political Action Committee				
Full Name (Last, First, Middle Initial) Dr. Andrew J. Schneider		Date of Receipt			
Mailing Address 4326 Sarong Di	State Zip Code	0 4 1 9 2 0 1 1 Transaction ID: 19067381			
Houston	TX 77096-4425	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	85.00			
Name of Employer Tanglewood Foot Specialis- ts	Occupation Podiatric Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00				
Full Name (Last, First, Middle Initial) Dr. Terry P. Smith	A	Date of Receipt			
Mailing Address 2064 Michigan	Mailing Address 2064 Michigan Ave.				
City	State Zip Code	Transaction ID: 19067384			
Salt Lake City	UT 84108-1308	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.00			
Name of Employer Self-Employed	Occupation Podiatric Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00]			
Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan		Date of Receipt			
Mailing Address Austin Foot & A 5000 Bee Cave	Rd. #202	04 20 7 2011			
City	State Zip Code	Transaction ID: 19069473			
West Lake Hills FEC ID number of contributing federal political committee.	TX 78746-5254	Amount of Each Receipt this Period 100.00			
Name of Employer Austin Foot & Ankle Speci- alists	Occupation Podiatric Physician				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	1			
		1			
SUBTOTAL of Receipts This Page (op	tional)	205.00			
TOTAL This Period (last page this line	number only)				

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any person the name and address of any political committee to s ation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala Mailing Address 59 Harrowgate Dr. City Cherry Hill	State Zip Code NJ 08003-1938	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date 640.00	160.00
Full Name (Last, First, Middle Initial) Dr. Elliot Diamond Mailing Address 243 Race St. City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Center for Enhanced Podiatric Function Receipt For: Primary General Other (specify)	State Zip Code PA 19106-1909 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 16 2011 Transaction ID: 19071506 Amount of Each Receipt this Period 150.00
Full Name (Last, First, Middle Initial) Dr. Mark A. Schickler Mailing Address 72 Intervale Rd. City Bridgeport FEC ID number of contributing federal political committee. Name of Employer Family Podiatry Center Receipt For: Primary General Other (specify)	State Zip Code CT 06610-1014 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Date of Receipt M M O 6 2011 Transaction ID: 19071934 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	560.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee ciation Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Gary A. Raymond Mailing Address Rd. 4 Box 148 City Hollidaysburg FEC ID number of contributing federal political committee.	State Zip Code PA 16648-9262	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr. Patrick J. Nunan Mailing Address 1102 Poplar St.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kenova FEC ID number of contributing federal political committee.	State Zip Code WV 25530-1339	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Sandra J. Loving Mailing Address 816 Sherman Ct.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marina FEC ID number of contributing federal political committee.	State Zip Code CA 93933-5041	Transaction ID: 19071947 Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	nal)	1100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Scott Frederick Jorgensen Mailing Address 6917 Dawson Ln. City Edina FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State MN C		Date of Receipt M M M O 7 2 0 1 1 Transaction ID: 19071953 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify)	'	Physician Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Angie Lynn Glynn Mailing Address 4343 N. 600 E. City Franklin	State IN	Zip Code 46131-7865	Date of Receipt 0 4 0 7 0 7 2 0 1 1 Transaction ID: 19071954 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: □ Primary □ General □ Other (specify) ▼		n Physician • Year-to-Date ▼ 500.00	500.00
Full Name (Last, First, Middle Initial) Dr. Scott Richard Jason Mailing Address 13799 Saxon Lake D	Or. S.		Date of Receipt 0 4 0 7 2 0 1 1
City Jacksonville FEC ID number of contributing federal political committee.	State FL	Zip Code 32225-2624	Transaction ID: 19071956 Amount of Each Receipt this Period 300.00
Name of Employer Jacksonville Foot Clinic Receipt For: Primary General Other (specify) ▼		n Physician e Year-to-Date ▼]
SUBTOTAL of Receipts This Page (optional)	<u> </u>)	1300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may not l name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	n Political Actior	n Committee	
Full Name (Last, First, Middle Initial) Dr. Lee Christopher Rogers			Date of Receipt
Mailing Address 3894 Sherview Dr.			04 08 2011
City		Zip Code	Transaction ID: 19071957
Sherman Oaks	CA	91403-5035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Valley Presbyterian Hospi- tal	Occupation Podiatric Phy	sician	
Receipt For:	Aggregate Year		7
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. J. Kenneth Durham			Date of Receipt
Mailing Address 4813 Coachlight Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19071969
Albany	GA	31721-9190	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Albany Podiatry Associates	Occupation Podiatric Phy	sician	
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Alan E. Singer			Date of Receipt
Mailing Address 4 Golden Crest Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: 19071970
Rockville	MD	20854-2982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Podiatric Phy	sician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	I		1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 32 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any person He name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa		
Full Name (Last, First, Middle Initial) Dr. Terence Scott Pedersen		Date of Receipt
Mailing Address 122 Lake Shore Dr.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19071977
Utica	SD 57067-5910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Kathleen D. Mathes	1	Date of Receipt
Mailing Address 243 Whispering Lake	e Dr.	0 4 1 1 2 0 1 1
City	State Zip Code	Transaction ID: 19071979
Palos Park	IL 60464-2535	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) Dr. Charles G. Kissel		Date of Receipt
Mailing Address 41 Christine Dr.		0 4 1 4 2 0 1 1
City	State Zip Code	Transaction ID: 19071993
Grosse Pointe Farm	MI 48236-3722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Medical Center Footcare Associates	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00]
	1	1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
American Podiatric Medical Associa Full Name (Last, First, Middle Initial) Dr. Lawrence A. Short	ation Political Action Committee	Date of Receipt
Mailing Address 2240 Churchill Ln. City	State Zip Code	0 4 1 4 2 0 1 1 Transaction ID: 19071995
Libertyville FEC ID number of contributing federal political committee.	IL 60048-4298	Amount of Each Receipt this Period 500.00
Name of Employer University Foot Associates Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 500.00	1
Full Name (Last, First, Middle Initial) Dr. Michael A. Haughey Mailing Address The Podiatry Group		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Jonesboro	Ve. State Zip Code AR 72401-3145	Transaction ID: 19072001
FEC ID number of contributing federal political committee.	C 72401-5145	Amount of Each Receipt this Period 500.00
Name of Employer The Podiatry Group	Occupation Podiatric Physician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Randall Tibbs		Date of Receipt
Mailing Address 122 Bucks Pocket [Or.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>New Market</u>	State Zip Code AL 35761-9035	Transaction ID: 19072013 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona))	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to	
American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Helena L. Yee		Date of Receipt
Mailing Address 450 Luakini St.	Ohaha 7in Oada	04 20 2011
City Honolulu	State Zip Code HI 96817-1447	Transaction ID: 19072019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Emma Lillian Bryan		Date of Receipt
Mailing Address 2270 Chew Ave.		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19072024
Franklinville	NJ 08322-2711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Dr. Carolyn Kay Stansberry		Date of Receipt
Mailing Address Regional Orthopedi 2479 E. Colorado B		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 19072026
Spearfish FEC ID number of contributing federal political committee.	SD 57783-3204	Amount of Each Receipt this Period 250.00
Name of Employer Queen City Medical Center	Occupation Podiatric Physician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descipts This Desc (actions	I)	660.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 32 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Wendy Sue Winckelbach Mailing Address 3788 Highland Park	k Dr.		Date of Receipt
City Greenwood FEC ID number of contributing	State IN	Zip Code 46143-8231	Transaction ID: 19072324 Amount of Each Receipt this Period
federal political committee. Name of Employer Southside Foot Clinic Receipt For:	- ' '	n Physician	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		250.00	
Dr. Devang C. Patel Mailing Address 761 Main Ave.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 19072328
Norwalk	CT	06851-1080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Harvey D. Lederman			Date of Receipt
Mailing Address 12 Biltmore Park			04 20 2011
City	State	Zip Code	Transaction ID: 19072331
Bloomfield FEC ID number of contributing federal political committee.	CT	06002-2141	Amount of Each Receipt this Period 300.00
Name of Employer W. Hartford Podiatry Asso- ciates	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional			1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R. DeSantis		Date of Receipt
Mailing Address 2611 Circle Dr.		04 20 7 2011
City	State Zip Code	Transaction ID: 19072332
Newport Beach	CA 92663-5616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Marcus J. Singel		Date of Receipt
Mailing Address 195 Bartizan Dr.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 19072333
Las Vegas	NV 89138-1528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Foot & Ankle Specialists of Southern N	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Raymond G. Cavaliere		Date of Receipt
Mailing Address 28 Cedar Ridge Ln.		04 20 7 2011
City	State Zip Code	Transaction ID: 19072334
Dix Hills	NY 11746-7941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	I)	900.00
	ber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one) X
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to	
American Podiatric Medical Associat Full Name (Last, First, Middle Initial) Dr. James Rolf Natwick	ion Political Action Committee	Date of Receipt
Mailing Address 1332 Waterford Rd.	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Woodbury	MN 55125-2365	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer Columbia Park Clinic	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. David P. Sheldon		Date of Receipt
Mailing Address 4001 W. Royal Dr.		04 20 2011
City	State Zip Code	Transaction ID: 19072337
Traverse City	MI 49684-8965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R. Baker		Date of Receipt
Mailing Address 111 W. Maple St. #2	006	04 20 2011
City	State Zip Code	Transaction ID: 19072338
Chicago	IL 60610-5452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any personant the name and address of any political committee to ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Martin M. Pressman Mailing Address 109 N. Racebrook F City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 0 2 0 1 1 Transaction ID: 19072341
Woodbridge FEC ID number of contributing federal political committee.	CT 06525-1407	Amount of Each Receipt this Period 300.00
Name of Employer Milford Podiatry Associates Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr. Marc R. Bernbach Mailing Address 126 Burr Hall Rd.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19072345
Middlebury	CT 06762-1403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Waterbury Podiatry Consul- tants Receipt For:	Occupation Podiatric Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John L. Bostanche Mailing Address 23373 98th St.		Date of Receipt
City	State Zip Code	0 4 2 0 2 0 1 1 Transaction ID: 19072347
<u>Salem</u>	WI 53168-8924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional		650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 32 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Eric M. Kosofsky Mailing Address 86 Knollwood Ln. City Avon FEC ID number of contributing federal political committee. Name of Employer Hartford Podiatry Group Receipt For: Primary General		Zip Code 06001-2701	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 19072351 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Jeffrey A. Ross Mailing Address 509 Bolivar St. City Bellaire FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	- · ·	Zip Code 77401-5006	Date of Receipt O 4
Full Name (Last, First, Middle Initial) Dr. Steven E. Damon Mailing Address 399 N. Main St. City Suffield FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	_ '	Zip Code 06078-1839 n E Physician E Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 20 11 Transaction ID: 19072360 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional) .			900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24/32 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa			
Full Name (Last, First, Middle Initial) Dr. Joseph H. Strickland			Date of Receipt
Mailing Address 2990 Longbrooke V	√ay		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clearwater	State FL	Zip Code 33760-1719	Transaction ID: 19079042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00700 1710	100.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Robert G. Smith			Date of Receipt
Mailing Address 723 Lucerne Cir.			0 4 2 8 2 0 1 1
City	State	Zip Code	Transaction ID: 19079052
Ormond Beach	FL	32174-4624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 400.00	1
Other (specify) ▼	0 0	+00.00	
Full Name (Last, First, Middle Initial) Dr. Jon R. Goldsmith			Date of Receipt
Mailing Address 2209 N. 164th St.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Omaha	State NE	Zip Code	Transaction ID: 19103434
FEC ID number of contributing federal political committee.	C	68116-2532	Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			450.00

A.

В.

PAGE 25/32 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Dr. Timothy C. Ford Mailing Address 3910 Winchester Rd. 26 0.4 2011 Zip Code City State Transaction ID: 19103443 <u>Louisvi</u>lle KY 40207-3819 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Self-Employed Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date General Primary 300.00 Other (specify) Full Name (Last, First, Middle Initial) Dr. Thomas S. Godfryd Date of Receipt Mailing Address 4988 Heather Point 0.4 01 2011 City State Zip Code Transaction ID: 19123462 **Birmingham** ΑL 35242-3950 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Birmingham Podiatry Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date ▼

1000.00

		800.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	24425.00

Primary

Other (specify)

General

A.

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 32 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
	d Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) APMA Government Education Fund Mailing Address 9312 Old Georgetow City	vn Road State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Bethesda FEC ID number of contributing federal political committee.	MD 20814	Amount of Each Receipt this Period 3197.60
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 4523.90	bank fees/cc charges Janu- ary-March 2011

SUBTOTAL of Receipts This Page (optional)	•	3197.60
TOTAL This Period (last page this line number only)	<u> </u>	3197.60

SCHEDULE B (FEC F TEMIZED DISBURSE	1 US	e separate schedul each category of th	e(s) (check)	NE NUMBER: only one)	PAGE 27/32
	De	tailed Summary Pa	ge 21b	28a 28b	24 25 29 29
Any Information copied from such For for commercial purposes, other t					
NAME OF COMMITTEE (In Fu American Podiatric Medica	ıll)				
Full Name (Last, First, Middle In Feinstein For Senate	nitial)			Transaction ID: Date of Disburser	
Mailing Address 1212 S V	ictory Blvd			04 04	^Y ^Y ^Y 20111
City Burbank	State CA	Zip Code 91502		Amount of Each [Disbursement this Perio
Purpose of Disbursement			011		1000.00
Candidate Name Sen. Dianne Feinstein			Category/ Type		
Office Sought: House χ Senate Presider	Disbursement X Prim Othe		ral		
State: CA District:					
Full Name (Last, First, Middle In Hoyer For Congress	nitial)			Transaction ID: Date of Disburser	nent
Mailing Address 700 13th Suite 600	Street, Nw			04 04	² 2 0 1 1 ²
City Washington	State DC	Zip Code 20005		Amount of Each [Disbursement this Perio
Purpose of Disbursement			011	<u> </u>	2500.00
Candidate Name Rep. Steny H. Hoyer			Category/ Type		
Office Sought: X House Senate Presider State: MD District: 05	Disbursement X Print Other		ral		
Full Name (Last, First, Middle In Kirk For Senate	nitial)			Transaction ID: Date of Disburser	
Mailing Address P.O. Box	8			04 04	^Y ^Y ^Y 2011
City Winnetka	State IL	Zip Code 60093		Amount of Each [Disbursement this Perio
Purpose of Disbursement			011	<u> </u>	1000.00
Candidate Name Rep. Mark Steven Kirk			Category/ Type		
Office Sought: House X Senate Presider	Disbursement X Prim Other		ral		
State: IL District:		-: (Spoon)/ V			
					4500.00

		Use separate schedule(s)	(check only o	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and State or commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) American Podiatric Medical Association F	e and address of any political co		
	Full Name (Last, First, Middle Initial) Langevin For Congress Mailing Address 181a Knight Street			Transaction ID: 19057310 Date of Disbursement 0 4
	City Warwick	State Zip Code RI 02886		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name Rep. James R. Langevin		011 Category/ Type	1000.00
	Office Sought: X House Senate President State: RI District: 02	ement For: 2012 Primary General Other (specify)	Nr.	
	Full Name (Last, First, Middle Initial) The Hawkeye PAC Mailing Address PO Box 7255			Transaction ID: 19057774 Date of Disbursement M 4 M / D 0 6 / Y 2 0 1 1
	City Des Moines Purpose of Disbursement	State Zip Code IA 50309	011	Amount of Each Disbursement this Period 5000.00
	Candidate Name The Hawkeye PAC		Category/ Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz			Transaction ID: 19066986 Date of Disbursement
	Mailing Address 315 Westfield Circle			$\begin{bmatrix} 0 & 4 & M & 1 & 1 & 5 \\ 0 & 4 & M & 1 & 1 & 5 \end{bmatrix} \begin{bmatrix} 1 & 1 & 1 & 1 \\ 1 & 1 & 1 & 1 & 1 \\ 1 & 1 &$
	City Alpine	State Zip Code UT 84004		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name Rep. Jason E. Chaffetz		011 Category/ Type	1000.00
	0 17	ement For: 2012 Primary General Other (specify)		
	JBTOTAL of Disbursements This Page (optional)			7000.00

SCHEDULE B (FEC Form 3X)	Use separate s	schedule(s)	FOR LINE	-	PAGE 29/32
TEMIZED DISBURSEMENTS	for each category Detailed Sumn	ory of the ((check only	one) 7 22 🗓 23 [☐ 24 ☐ 25 ☐
	Detailed Sumin	nary Page	27	28a 28b	28c 29
ny Information copied from such Reports and State r for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)	ne and address of a	any political cor	mmittee to soi	cit contributions fro	m such committee
American Podiatric Medical Association F	Political Action C	Committee			
Full Name (Last, First, Middle Initial)				Transaction ID:	19066987
Geoff Davis For Congress				Date of Disburse	
Mailing Address PO Box 17192				04 1	5 2011
City Ft Mitchell		Code 017		Amount of Each	Disbursement this Period
Purpose of Disbursement			011		2500.00
Candidate Name Rep. Geoff Davis		C	011 Category/ Type		
<u>'</u>	ement For:	2012	76		
Senate President	Other (specify)	General ▼			
State: KY District: 04					
Full Name (Last, First, Middle Initial) Whitfield For Congress Committee				Transaction ID:	
				Date of Disburse	
Mailing Address P.O. Box 391				0 4 1	5 2011
City Hopkinsville		Code 241		Amount of Each	Disbursement this Perio
Purpose of Disbursement	12.		-		2500.00
Candidate Name			011		
Rep. Edward Whitfield			Category/ Type		
	ement For: C Primary	2012 General			
State: KY District: 01	Other (specify)	▼			
Full Name (Last, First, Middle Initial)				Transaction ID:	
Volunteers For Shimkus				Date of Disburse	
Mailing Address PO Box 661				04 1	5 2011
City Collinsville		Code 234		Amount of Each	Disbursement this Perio
Purpose of Disbursement		Ir	011		2500.00
Candidate Name Rep. John M. Shimkus			Category/ Type		
Rep. John M. Shimkus					
Office Sought: X House Disburs	ement For: (Primary Other (specify)	2012 General			
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	De	tailed Summary Page	27		24 25 28c 29
ny Information copied from su for commercial purposes, oth					
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Full Name (Last, First, Midd Nancy Pelosi For Cong	,			Transaction ID: 19 Date of Disbursemen	
Mailing Address 700 1 Suite	3th Street, Nw			04 / 15	2011
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Michaud For Congress	,			Transaction ID: 19 Date of Disbursemen	nt
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Candidate Name Rep. Michael H. Michae	ud		Category/ Type		
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Full Name (Last, First, Midd Wicker For Senate				Transaction ID: 19 Date of Disbursemen	
Mailing Address PO B	ox 64			04	2011
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Candidate Name Sen. Roger Wicker			Category/ Type		
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City Weston FL 33326 Purpose of Disbursement Candidate Name Searchlight Leadership Fund City Washington Disbursement Candidate Name Searchlight Leadership Fund Cifice Sought: X Primary General Disbursement Candidate Name Searchlight Leadership Fund Cifice Sought: New President State: District: Full Name (Last, First, Middle Initial) Simpson For Congress Mailing Address 1487 Parkway Drive City State Zip Code Primary General Disbursement For: Senate Primary General Other (specify) ▼ Transaction ID: 19079451 Date of Disbursement Transaction ID: 1907945	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N	
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)	ITEMIZED DISBURSEMENTS		21b	22 X 23 24 25 :
NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz For Congress Mailing Address 1071 Twin Branch Ln City State Zip Code FL 33326 Purpose of Disbursement Office Sought: X House President State: ID District: 20 Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Office Sought: House Searchlight Leadership Fund Office Sought: House President State: ID Disbursement For: Disbursement ID Disbursem				
Debbie Wasserman Schultz For Congress Malling Address 1071 Twin Branch Ln City State Zip Code Weston FL 33326 Purpose of Disbursement Candidate Name Rep. Debbie Wasserman-Schultz Office Sought: House Disbursement For: 2012 Senate President Searchlight Leadership Fund Mailing Address 426 C Street, NE, Rear Building City State Zip Code DC 20002 Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 426 C Street, NE, Rear Building City State Zip Code DC 20002 Furpose of Disbursement Candidate Name Searchlight Leadership Fund Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Simpson For Congress Mailing Address 1487 Parkway Drive City State Zip Code Dther (specify) ▼ State Disbursement Tor: Senate Primary General Other (specify) ▼ City State Zip Code Dther (specify) ▼ Transaction ID: 19079451 Date of Disbursement this I Transaction ID: 19079451 Date of Disbursement Tor: Senate Disbursement Tor: Senate Disbursement ID: 19079451 City State Zip Code Dther (specify) ▼ Category' Type City State Zip Code Dther (specify) ▼ Category' Type City State Zip Code Dther (specify) ▼ Category' Type	NAME OF COMMITTEE (In Full)	, , .		
City Weston FL 33326 Purpose of Disbursement Candidate Name Rep. Debble Wasserman-Schultz Office Sought: X House Searchlight Leadership Fund City Washington DC 20002 Purpose of Disbursement City Washington DC 20002 Purpose of Disbursement Candidate Name President Searchlight Leadership Fund Office Sought: House President Searchlight Leadership Fund Office Sought: A Boursement For: District: D		6		
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Candidate Name Rep. Michael K. Simpson Office Sought:				Amount of Each Disbursement this Period
Rep. Michael K. Simpson Office Sought: X House Senate President State: ID District: 02 Disbursement For: 2012 X Primary General Other (specify)				1000.00
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$\overline{\ }$	NAME OF COMMITTEE (In Full)											
	American Podiatric Medical Association	Political Action Committee										
	Full Name (Last, First, Middle Initial)				Trans	action II	D: 1	9064	643			
	Wachovia Bank, N.A.					of Disbur						
	Mailing Address NC8502 PO Box 563966				o ^M 4		01	/	ž	0 1 1	Y	
	City Charlotte	State Zip Code NC 28262-3966			Amou	nt of Eac	h Dis	burser			-	od
	Purpose of Disbursement bank fees/cc charges January-March 2011		001						319	97.60	_	
	Candidate Name		Catego Type	•								
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SUBTOTAL of Disbursements This Page (optional)	•	3197.60
TOTAL This Period (last page this line number only)	<u> </u>	3197.60