

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2010 through 01 31 2010

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. Barney Greenberg, DPM

Signature of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM Date 02 19 2010

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

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

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

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		346555.85
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	346555.85									
(c) Total Receipts (from Line 19) .....	101751.45	101751.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	448307.30	448307.30								
7. Total Disbursements (from Line 31) .....	150.00	150.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	448157.30	448157.30								
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**

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	65951.00	65951.00
(ii) Unitemized .....	35800.45	35800.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	101751.45	101751.45
(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) .....	101751.45	101751.45
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	101751.45	101751.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	101751.45	101751.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	150.00	150.00
(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)) .....	150.00	150.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	150.00	150.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	150.00	150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	101751.45	101751.45
34. Total Contribution Refunds (from Line 28(d)) .....	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	101601.45	101601.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 52  
(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Matthew G. Garoufalas

Mailing Address 1933 Hansom Ct.

City Naperville State IL Zip Code 60565-2629

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

Name of Employer Professional Foot Care Specialists Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 04 / 2010  
**Transaction ID: 17836907**  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Todd Damien O'Brien

Mailing Address 16 Winterhaven Dr.

City Orono State ME Zip Code 04473-3678

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

Name of Employer Health Access Network Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 04 / 2010  
**Transaction ID: 17839277**  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven D. Wachter

Mailing Address 113 S. State St.

City New Ulm State MN Zip Code 56073-3155

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 01 / 05 / 2010  
**Transaction ID: 17852782**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Paul G. Lorincy

Mailing Address 1738 Gregory St.

City State Zip Code  
Pittsburgh PA 15203-1608

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2010

**Transaction ID:** 17853358

Amount of Each Receipt this Period  
250.00

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

Mailing Address The Podiatry Group  
637 E. Matthews Ave.

City State Zip Code  
Jonesboro AR 72401-3145

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

Name of Employer The Podiatry Group Occupation  
Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2010

**Transaction ID:** 17853440

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. G. Trent Smith

Mailing Address 7013 N. Spoon Ter.

City State Zip Code  
Edmond OK 73003-1871

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2010

**Transaction ID:** 17855762

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kirk W. Davis

Mailing Address 44 Monroe Dr.

City State Zip Code  
Chambersburg PA 17201-7914

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2010

**Transaction ID:** 17856620

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Anthony Hugh Morgan

Mailing Address 75 Doubleday Rd.

City State Zip Code  
Columbia CT 06237-1400

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

Name of Employer Colchester Foot Specialis-  
is Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010

**Transaction ID:** 17859781

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Alvin J. Kanegis

Mailing Address 78 Page Ln.

City State Zip Code  
Westbury NY 11590-6213

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010

**Transaction ID:** 17859783

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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



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

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

FOR LINE NUMBER: PAGE 9 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert N. Mohr

Mailing Address 1052 Monte Verde

City State Zip Code  
Palm Springs CA 92264-9689

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010

**Transaction ID: 17859787**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John E. Morehead

Mailing Address 6666 S. 76th E. Ave.

City State Zip Code  
Tulsa OK 74133-1835

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010

**Transaction ID: 17859794**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Angela P. Dominique

Mailing Address 6244 Dorsett Woods Dr.

City State Zip Code  
Mount Olive AL 35117-3644

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

Name of Employer Fulltime/Part-time Occupation  
Fultondale Foot Clinic Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2010

**Transaction ID: 17859796**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 52  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Michael A. Haughey

Mailing Address 637 E. Matthews

City State Zip Code  
Jonesboro AR 72401-3145

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

Name of Employer Occupation  
The Podiatry Group Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2010

**Transaction ID:** 17868483

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Terry L. Spilken

Mailing Address 29 Vista Dr.

City State Zip Code  
Morganville NJ 07751-1632

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2010

**Transaction ID:** 17868880

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert E. Marra

Mailing Address 166 Greenwood Dr.

City State Zip Code  
South Windsor CT 06074-1520

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2010

**Transaction ID:** 17868883

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Tony D. H. Kim

Mailing Address 2129 Sunrise Cir.

City State Zip Code  
Wenatchee WA 98801-2328

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

Name of Employer PRIVATE PRACTICE      Occupation Podiatric Physician

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

Date of Receipt  

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

**Transaction ID:** 17868886

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Frank A. Spinosa

Mailing Address P.O. Box 72

City State Zip Code  
Shelter Island NY 11964-0072

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

Name of Employer Self Employed      Occupation Podiatric Physician

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

Date of Receipt  

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

**Transaction ID:** 17868889

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Debra Mary Gibson

Mailing Address P.O. Box 1207

City State Zip Code  
Foley AL 36536-1207

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

Name of Employer S. Baldwin Podiatry, P.C.      Occupation Podiatric Physician

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

Date of Receipt  

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

**Transaction ID:** 17869823

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Keith J. Kalish

Mailing Address 2500 Quincy Ave.

City State Zip Code  
Fort Pierce FL 34947-4766

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2010

Transaction ID: 17869830

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Scott M. Soulier

Mailing Address 10281 S. 1000 W.

City State Zip Code  
South Jordan UT 84095-8826

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2010

Transaction ID: 17869836

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Jerry L. Titko

Mailing Address 9872 Ziz Zag Rd.

City State Zip Code  
Cincinnati OH 45242-6311

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

Name of Employer Podiatry of Hamilton  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

Transaction ID: 17872005

Amount of Each Receipt this Period  
300.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 52  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edward A. Schulz

Mailing Address 1613 Virginia Ave.

City State Zip Code  
Libertyville IL 60048-3339

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

Name of Employer Occupation  
Mundelein Foot & Ankle Ce- Podiatric Physician  
nter

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

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

**Transaction ID:** 17872008

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas M. Domanick

Mailing Address 45 Gatehouse Rd.

City State Zip Code  
Trumbull CT 06611-1610

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

**Transaction ID:** 17872014

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kristin K. Titko

Mailing Address 13 Saint Edmunds Place Dr.

City State Zip Code  
Cincinnati OH 45246-4727

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

Name of Employer Occupation  
Podiatry of Hamilton Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

**Transaction ID:** 17872016

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 52  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Horst P. Knapp

Mailing Address 2612 Geiberger Dr.

City State Zip Code  
Plano TX 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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

**Transaction ID:** 17872020

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Steven K. Bowen

Mailing Address 1645 Owen Dr.

City State Zip Code  
Fayetteville NC 28304-3425

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2010

**Transaction ID:** 17872027

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Glenn B. Gastwirth

Mailing Address 12401 Willow Green Ct.

City State Zip Code  
Potomac MD 20854-3044

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

Name of Employer American Podiatric Medical Association Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

**Transaction ID:** 17876679

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 52  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Peter C. Paicos, Jr.</p> <p>Mailing Address Affiliates in Foot Care 3 Woodland Rd. #411</p> <p>City Stoneham State MA Zip Code 02180-1714</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Affiliates in Foot Care Occupation Podiatric Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1051.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 14 / 2010</span></p> <p><b>Transaction ID:</b> 17876681</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1051.00</span></p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Alan M. Singer</p> <p>Mailing Address 25955 Wellington Ct.</p> <p>City Calabasas State CA Zip Code 91302-3124</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self-Employed Occupation Podiatric Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 14 / 2010</span></p> <p><b>Transaction ID:</b> 17876684</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Subodh K. Choudhary</p> <p>Mailing Address 310 Raven Rd.</p> <p>City Greenville State SC Zip Code 29615-4248</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Piedmont Podiatry Occupation Podiatric Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 14 / 2010</span></p> <p><b>Transaction ID:</b> 17876685</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2351.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Richard Pat Mistretta

Mailing Address 1745 Riverglen Dr.

City State Zip Code  
Suwanee GA 30024-1864

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

Name of Employer  
Affiliated Foot & Ankle

Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

**Transaction ID:** 17876696

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. William M. Jenkin

Mailing Address 130 Nadina Way

City State Zip Code  
Greenbrae CA 94904-1131

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

Name of Employer  
Parnassus Heights Podiatry Group

Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

**Transaction ID:** 17876698

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 619 Morris Avenue

City State Zip Code  
Springfield NJ 07081-1511

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

Name of Employer  
Self-Employed

Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

**Transaction ID:** 17876700

Amount of Each Receipt this Period  
500.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Curtis W. Long

Mailing Address 1047 Brevor Pl.

City State Zip Code  
Walla Walla WA 99362-9381

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

**Transaction ID:** 17906407

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Kevin J. Moran

Mailing Address 66 Willard Rd.

City State Zip Code  
Westminster MA 01473-1201

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

**Transaction ID:** 17906409

Amount of Each Receipt this Period  
300.00

**C.**

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

Mailing Address 19224 Trentham Ave.

City State Zip Code  
Cerritos CA 90703-7269

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2010

**Transaction ID:** 17906410

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 18 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Ruth Ann Cooper	Date of Receipt MM / DD / YYYY 01 / 14 / 2010
	Mailing Address 4415 Aicholtz Rd. #200	<b>Transaction ID:</b> 17906413
	City State Zip Code Cincinnati OH 45245-5135	Amount of Each Receipt this Period 1750.00
	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 ▼ 1750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Andrew C. Schink	Date of Receipt MM / DD / YYYY 01 / 14 / 2010
	Mailing Address 1715 Cameo	<b>Transaction ID:</b> 17906417
	City State Zip Code Eugene OR 97405-5897	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. James A. Fausett	Date of Receipt MM / DD / YYYY 01 / 15 / 2010
	Mailing Address Eastern Avenue Podiatry Group 3777 Pecos-McLeod #103	<b>Transaction ID:</b> 17910159
	City State Zip Code Las Vegas NV 89121-4265	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Eastern Avenue Podiatry Group 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) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 52

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Richard A. Bronfman

Mailing Address AR Foot & Ankle Clinic  
1501 Aldersgate Rd.

City State Zip Code  
Little Rock AR 72205-6611

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

Name of Employer Occupation  
AR Foot & Ankle Clinic Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17910162

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Brian D. Gale

Mailing Address 2418 Coolidge Ave.

City State Zip Code  
Bismarck ND 58501-3873

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

Name of Employer Occupation  
Dakota Foot & Ankle Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17910164

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David C. Novicki

Mailing Address 403 Northwood Dr.

City State Zip Code  
Orange CT 06477-1051

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

Name of Employer Occupation  
Milford Podiatry Associates Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17910166

Amount of Each Receipt this Period

250.00

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Thomasin Kelly Hammer

Mailing Address 903 W. Melinda Ln.

City State Zip Code  
Spokane WA 99203-1362

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

Name of Employer Occupation  
Family Foot Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

**Transaction ID:** 17910167

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Matthew L. Burrell

Mailing Address 64 Cross Country Ln.

City State Zip Code  
Plymouth NH 03264-1138

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

Name of Employer Occupation  
Lake Podiatry, PA Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

**Transaction ID:** 17910168

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robin C. Ross

Mailing Address Shelter Island Podiatry  
2A Hudson Ave., P.O. Box 1023

City State Zip Code  
Shelter Island NY 11964-1023

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

Name of Employer Occupation  
Shelter Island Podiatry Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

**Transaction ID:** 17910172

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gary F. Stones

Mailing Address 134 Hayes St.

City State Zip Code  
Garden City NY 11530-1001

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

**Transaction ID:** 17910177

Amount of Each Receipt this Period  
500.00

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

Mailing Address 172 Lagoon Dr. W.

City State Zip Code  
Lido Beach NY 11561-4916

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

**Transaction ID:** 17910180

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stuart Boyd Cardon

Mailing Address Cascade Foot & Ankle  
3919 Creekside Loop

City State Zip Code  
Yakima WA 98902-4877

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

Name of Employer Cascade Foot & Ankle Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 15 / 2010

**Transaction ID:** 17910182

Amount of Each Receipt this Period  
300.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph M. Caporusso

Mailing Address 217 E. Yellowhammer Ave.

City State Zip Code  
McAllen TX 78504-1622

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

Name of Employer Complete Family Foot Care  
Occupation Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17910187

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. G. Gregg Neibauer

Mailing Address 1845 Bancroft St.

City State Zip Code  
Missoula MT 59801-5747

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

Name of Employer Alpine Foot & Ankle Clinic  
Occupation Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 8 / 2 0 1 0

Transaction ID: 17915680

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Dennis L. Turner

Mailing Address 5 Wedgewood Way

City State Zip Code  
Scotch Plains NJ 07076-2727

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17915694

Amount of Each Receipt this Period

250.00

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

1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 52  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Terry Ann Donovan

Mailing Address 3530 Stancliff Rd.

City State Zip Code  
Clemmons NC 27012-9085

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

Name of Employer Carolina Foot Care Associates  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2010

**Transaction ID:** 17919000

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gary S. McCarter

Mailing Address 1901 Westcliff Dr. #3

City State Zip Code  
Newport Beach CA 92660-5505

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2010

**Transaction ID:** 17925461

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Bradford J. Jacobs

Mailing Address 476 Painter Way

City State Zip Code  
Lansdale PA 19446-4037

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2010

**Transaction ID:** 17925462

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. John C. Roseman, Jr.  
Mailing Address 13628 Sousa St.  
City North Lawrence State OH Zip Code 44666-9766  
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 01 / 19 / 2010  
Transaction ID: 17925474  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark L. Willats  
Mailing Address Western Plains Foot Center 2 W. 42nd St. #2700  
City Scottsbluff State NE Zip Code 69361-4669  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Western Plains Foot Center Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 01 / 19 / 2010  
Transaction ID: 17925776  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William S. Lynde  
Mailing Address 27 S. Lincoln Ave.  
City Newtown State PA Zip Code 18940-2115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Newtown Podiatry Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 01 / 19 / 2010  
Transaction ID: 17925779  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 52  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Frank S. Campo</p> <p>Mailing Address N. End Foot Center 260 North St.</p> <p>City State Zip Code Boston MA 02113-2106</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer N. End Foot Center Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 01 / 19 / 2010</p> <p><b>Transaction ID: 17925781</b></p> <p>Amount of Each Receipt this Period 300.00</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. John L. Bostanche</p> <p>Mailing Address 23373 98th St.</p> <p>City State Zip Code Salem WI 53168-8924</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt MM / DD / YYYY 01 / 19 / 2010</p> <p><b>Transaction ID: 17925782</b></p> <p>Amount of Each Receipt this Period 300.00</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Dharmesh Pravin Bhakta</p> <p>Mailing Address 5 Whispering Bend Ct.</p> <p>City State Zip Code Mansfield TX 76063-6757</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 01 / 19 / 2010</p> <p><b>Transaction ID: 17925784</b></p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p>1600.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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 26 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael A. Stein	Date of Receipt MM / DD / YYYY 01 / 19 / 2010
	Mailing Address 3612 Vista Charonoaks	<b>Transaction ID:</b> 17925791
	City State Zip Code Walnut Creek CA 94598-4050	Amount of Each Receipt this Period 250.00
	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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Lee Marshall Hoffman	Date of Receipt MM / DD / YYYY 01 / 19 / 2010
	Mailing Address 5940 Glen Eagles Dr.	<b>Transaction ID:</b> 17925792
	City State Zip Code West Bloomfield MI 48323-2208	Amount of Each Receipt this Period 250.00
	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>C.</b>	Full Name (Last, First, Middle Initial) Dr. Susan L. Belanger	Date of Receipt MM / DD / YYYY 01 / 19 / 2010
	Mailing Address 208 Buttermere Ave.	<b>Transaction ID:</b> 17925793
	City State Zip Code Interlaken NJ 07712-4417	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Main Street Foot & Ankle 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) .....	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: PAGE 27 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mickey E. Gordon

Mailing Address 9955 Tamiami Trl. N. #1

City State Zip Code  
Naples FL 34108-1914

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2010

**Transaction ID:** 17925794

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Dana L. Giacalone

Mailing Address 7850 Stone Ridge Dr.

City State Zip Code  
Justin TX 76247-4120

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

Name of Employer Foot & Ankle Associates of N. TX  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2010

**Transaction ID:** 17925795

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Michael Dale Dujela

Mailing Address 1669 View Point CT. S.W.

City State Zip Code  
Tumwater WA 98512-6357

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

Name of Employer Western Washington Foot & Ankle Specia  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2010

**Transaction ID:** 17925796

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Dr. Neal R. Frankel		Date of Receipt MM / DD / YYYY 01 / 19 / 2010
Mailing Address Advanced Foot & Ankle 30 S. Michigan Ave. #302		Transaction ID: 17925797
City Chicago	State IL	Zip Code 60603-3203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Advanced Foot & Ankle	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Mark A. Majeski		Date of Receipt MM / DD / YYYY 01 / 19 / 2010
Mailing Address 696 Schoolhouse Ln.		Transaction ID: 17925798
City Toms River	State NJ	Zip Code 08753-5600
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Dr. Bruce D. Calligaro		Date of Receipt MM / DD / YYYY 01 / 19 / 2010
Mailing Address 72 Custer Dr.		Transaction ID: 17925799
City Ringwood	State NJ	Zip Code 07456-1103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Wayne Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 29 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Eric John Polansky

Mailing Address Advanced Foot & Ankle Care  
1000 W. Michigan St.

City State Zip Code  
Sidney OH 45365-2404

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

Name of Employer Occupation  
Advanced Foot & Ankle Care Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2010

**Transaction ID:** 17925800

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Leslie G. Levy

Mailing Address 23501 Cinema Dr. #209

City State Zip Code  
Valencia CA 91355-5430

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2010

**Transaction ID:** 17927814

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Don M. Canada

Mailing Address 918 Congress Ave. #200

City State Zip Code  
Austin TX 78701-2422

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

Name of Employer Occupation  
Texas Podiatric Medical Assn. Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2010

**Transaction ID:** 17927836

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 52  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. James S. Schelberg

Mailing Address 31937 Olde Frankin Dr.

City Farmington Hills State MI Zip Code 48334-1731

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 01 / 21 / 2010  
**Transaction ID: 17928464**  
Amount of Each Receipt this Period 300.00

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

Mailing Address 916 Claremont Dr.

City Downers Grove State IL Zip Code 60516-3541

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 01 / 21 / 2010  
**Transaction ID: 17928465**  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael J. Burns

Mailing Address P.O. Box 122

City Bellvue State CO Zip Code 80512-0122

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

Name of Employer A Step Ahead Foot & Ankle Center Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 21 / 2010  
**Transaction ID: 17928466**  
Amount of Each Receipt this Period 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 201 E. Lafayette St.

City Easton State PA Zip Code 18042-1675

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2010

**Transaction ID: 17928468**

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Marc R. Bernbach

Mailing Address 126 Burr Hall Rd.

City Middlebury State CT Zip Code 06762-1722

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

Name of Employer Waterbury Podiatry Consultants Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2010

**Transaction ID: 17928470**

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jon R. Goldsmith

Mailing Address 2209 N. 164th Street

City Omaha State NE Zip Code 68116-2532

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

Name of Employer self Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2010

**Transaction ID: 17930874**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. R. Craig Martin

Mailing Address 6250 Clearview Rd.

City State Zip Code  
Dover PA 17315-3206

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

Name of Employer Occupation  
Martin Foot & Ankle Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2010

**Transaction ID:** 17930882

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Syed Khalid Husain

Mailing Address 512 N. McClurg Ct. #1601

City State Zip Code  
Chicago IL 60611-4115

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

Name of Employer Occupation  
Midwest Foot & Ankle Clin-ics Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2010

**Transaction ID:** 17935893

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kent L. Magrini

Mailing Address 302 Brownwood Estate

City State Zip Code  
Fort Smith AR 72916-4029

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

Name of Employer Occupation  
Foot Health Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2010

**Transaction ID:** 17935897

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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



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

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

FOR LINE NUMBER: PAGE 33 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Glenn B. Truskin

Mailing Address 612 Bustleton Pk.

City State Zip Code  
Richboro PA 18954-1357

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

Name of Employer: Dr. Glenn B. Truskin & Associates  
Occupation: Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 01 / 25 / 2010  
**Transaction ID: 17936625**  
 Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul Kinberg

Mailing Address 6023 Gentle Knoll Ln.

City State Zip Code  
Dallas TX 75248-2122

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

Name of Employer: Self-Employed  
Occupation: Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 01 / 25 / 2010  
**Transaction ID: 17936626**  
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 2903 Pamela Ct.

City State Zip Code  
Austin TX 78734-2360

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 ▼  
300.00

Date of Receipt: 01 / 25 / 2010  
**Transaction ID: 17936628**  
 Amount of Each Receipt this Period: 300.00

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 14409 White Tree Pl.

City State Zip Code  
North Potomac MD 20878-4354

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
0	1	/	2	5	/	2	0	1	0

**Transaction ID:** 17936632

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Ryan Treadwell

Mailing Address 26 Crown Point

City State Zip Code  
Canton CT 06019-2644

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

Name of Employer Associated Podiatrists of CT  
Occupation Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** 17937819

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lynn LeBlanc

Mailing Address 12 Trevor Ln.

City State Zip Code  
East Granby CT 06026-9667

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
0	1	/	2	5	/	2	0	1	0

**Transaction ID:** 17937829

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 52

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey Miller		Date of Receipt MM / DD / YYYY 01 / 25 / 2010		
	Mailing Address Affiliated Foot & Ankle Spec. of C 1117 Hwy. 46 #201		Transaction ID: 17937831		
	City Clifton	State NJ	Zip Code 07013-2450	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Affiliated Foot & Ankle Spec. of Clift		Occupation Podiatric Physician		

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jenny Lind Hall		Date of Receipt MM / DD / YYYY 01 / 25 / 2010		
	Mailing Address 110 S. Pineview Ave.		Transaction ID: 17937841		
	City Goldsboro	State NC	Zip Code 27530-5924	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Wayne Foot Specialists, P.C.		Occupation Podiatric Physician		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey C. Conforti		Date of Receipt MM / DD / YYYY 01 / 26 / 2010		
	Mailing Address 778 Vee Dr.		Transaction ID: 17938881		
	City Franklin Lakes	State NJ	Zip Code 07417-2926	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Clifton Foot & Ankle Center		Occupation Podiatric Physician		

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

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

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

FOR LINE NUMBER: PAGE 36 / 52

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Seth A. Rubenstein

Mailing Address Fox Mill Foot & Ankle Center  
1860 Town Center Dr. #220

City State Zip Code  
Reston VA 20190-5905

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

Name of Employer Occupation  
Fox Mill Foot & Ankle Center Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17938884

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Kevan R. Kreitman

Mailing Address 1409 Pierce St.

City State Zip Code  
Birmingham MI 48009-1773

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

Name of Employer Occupation  
Shores Podiatry Associates Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17938888

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David G. Edwards

Mailing Address 1651 Saddle Hill Dr.

City State Zip Code  
Logan UT 84321-4828

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17946096

Amount of Each Receipt this Period  
1000.00

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

3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. S. F. Charley Hartley

Mailing Address 2201 Juanita Ln.

City State Zip Code  
Deer Park TX 77536-4214

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

Name of Employer Self-Employed  
Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

**Transaction ID:** 17946097

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. S. Chris Horine

Mailing Address 15250 Peach Hill Rd.

City State Zip Code  
Saratoga CA 95070-6448

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

Name of Employer  
Silicon Valley Podiatry Group  
Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

**Transaction ID:** 17946101

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Ali M. Safiedine

Mailing Address 25101 fairway dr

City State Zip Code  
Dearborn MI 48124-1733

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 ▼  
150.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

**Transaction ID:** 17946214

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Ali M. Safiedine

Mailing Address 25101 fairway dr

City State Zip Code  
Dearborn MI 48124-1733

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2010

**Transaction ID:** 17946219

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Stuart A. Courtney

Mailing Address 3590 N. 45th Ave.

City State Zip Code  
Hollywood FL 33021-2450

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2010

**Transaction ID:** 17949287

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 2990 Longbrooke Way

City State Zip Code  
Clearwater FL 34620-1719

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2010

**Transaction ID:** 17949288

Amount of Each Receipt this Period  
300.00

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

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

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

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

FOR LINE NUMBER: PAGE 39 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert I. Shor

Mailing Address 10999 N.W. 13th Ct.

City State Zip Code  
Coral Springs FL 33071-8200

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	1	0

**Transaction ID:** 17949289

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Scarlett Ann Kinley

Mailing Address 935 23rd Ave. N.

City State Zip Code  
Saint Petersburg FL 33704-3225

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

Name of Employer Bay Area Foot & Ankle  
Occupation Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** 17959709

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Barney A. Greenberg

Mailing Address 16283 Cayuga Circle

City State Zip Code  
Davie FL 33331-2155

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

Name of Employer Podiatry Associates  
Occupation Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** 17959710

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 52  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth E. Jacoby

Mailing Address 4N 916 Middlecreek Ln.

City State Zip Code  
Saint Charles IL 60175

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

Name of Employer Occupation  
Elgin Foot & Ankle Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17959711

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Raymond G. Cavaliere

Mailing Address 28 Cedar Ridge Ln.

City State Zip Code  
Dix Hills NY 11746-7941

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17959712

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Deborah A. DeRose

Mailing Address 880 Old Post Rd.

City State Zip Code  
Fairfield CT 06430-8403

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17959717

Amount of Each Receipt this Period  
300.00

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

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



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

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

FOR LINE NUMBER: PAGE 41 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mack Jay Groves, IV

Mailing Address 802 W. 10th Ave. #2

City State Zip Code  
Covington LA 70433-2314

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** 17959718

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Pamela J. Humpel

Mailing Address 3646 Aruba Ct.

City State Zip Code  
Punta Gorda FL 33950-8120

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

Name of Employer Foot & Ankle Centers Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** 17959723

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeff Daniel Kopelman

Mailing Address 12570 6th St. E.

City State Zip Code  
Treasure Island FL 33706-2936

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

Name of Employer Jeff D. Kopelman, DPM, P.-A. Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** 17959731

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dawn Shepherd Miles

Mailing Address 148 Cedar Ridge Cir.

City State Zip Code  
Saint Augustine FL 32080-6535

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** 17959732

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6202 W. 132nd Ter.

City State Zip Code  
Overland Park KS 66209-3920

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

Name of Employer Kansas City Foot Special-ists, PA Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** 17961772

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John R. Heiser

Mailing Address 10010 S.W. 86th Ter.

City State Zip Code  
Gainesville FL 32608-4475

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

Name of Employer Gainesville Podiatry Asso-ciates Occupation  
Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** 17963957

Amount of Each Receipt this Period  
300.00

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

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

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

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

FOR LINE NUMBER: PAGE 43 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert Paul Dunne

Mailing Address 763 Loggerhead Island Way

City State Zip Code  
Satellite Beach FL 32937-3844

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

Name of Employer Occupation  
Lake Washington Foot & Ankle Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17963986

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas A. Berens

Mailing Address 8127 S.W. 43rd Pl.

City State Zip Code  
Gainesville FL 32608-4224

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

Name of Employer Occupation  
Gainesville Podiatry Associates Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17963988

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William J. Beaton, Jr.

Mailing Address 283 104th Ave. #106

City State Zip Code  
Treasure Island FL 33706-4828

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17963989

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stephen M. Meritt

Mailing Address 2636 Forest Point Ct.

City State Zip Code  
Jacksonville FL 32257-5623

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17963990

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert Frimmel

Mailing Address 3527 Palonia Ct.

City State Zip Code  
Sarasota FL 34239-5929

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

Name of Employer Occupation  
Sarasota Footcare Center Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17963991

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gary David Small

Mailing Address Coral Gables Podiatry  
2121 Ponce DeLeon Blvd. #1200

City State Zip Code  
Coral Gables FL 33134-5213

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

Name of Employer Occupation  
Coral Gables Podiatry Center Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17963992

Amount of Each Receipt this Period  
300.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 52

(check only one)

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

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

**A.**

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

Mailing Address 3081 N.E. Heather Ct.

City State Zip Code  
Jensen Beach FL 34957-5071

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

Name of Employer Occupation  
Iannacone Podiatry Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17963993

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Barry J. Drossner

Mailing Address 3722 N.E. 200th St.

City State Zip Code  
Aventura FL 33180-3094

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17963994

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Marc B. Klein

Mailing Address 22125 Martella Ave.

City State Zip Code  
Boca Raton FL 33433-4661

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17963995

Amount of Each Receipt this Period

300.00

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 52

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Bruce J. Levine

Mailing Address 2521 Countryside Blvd.

City State Zip Code  
Clearwater FL 33763-1605

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  
0 1 / 2 9 / 2 0 1 0

Transaction ID: 17963996

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gary R. Goodman

Mailing Address 2350 Sunset Point Rd. #A

City State Zip Code  
Clearwater FL 33765-1443

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17963997

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Tyler B. Brahm

Mailing Address 1950 Sever Dr.

City State Zip Code  
Clearwater FL 33764-4714

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17963998

Amount of Each Receipt this Period

300.00

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

1100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 52

(check only one)

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

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

**A.**

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

Mailing Address 2150 S. Ocean Blvd. #3A

City State Zip Code  
Delray Beach FL 33483-6444

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17963999

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert D. Siwicki

Mailing Address 4404 Windlake Dr.

City State Zip Code  
Niceville FL 32578-3902

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

Name of Employer Occupation  
Emerald Coast Podiatry Center Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17964000

Amount of Each Receipt this Period

300.00

**C.**

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

Mailing Address W. Coast Podiatry Center  
1611 53rd Ave. W.

City State Zip Code  
Bradenton FL 34207-2868

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

Name of Employer Occupation  
W. Coast Podiatry Center Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17964001

Amount of Each Receipt this Period

250.00

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

850.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Briant G. Moyles

Mailing Address 651 Franklyn Ave.

City State Zip Code  
Indialantic FL 32903-4603

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

Name of Employer  
Melbourne Podiatry Associates

Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17964007

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Marie Delewsky

Mailing Address 1480 Oak Hollow Dr.

City State Zip Code  
Milford MI 48380-4263

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

Name of Employer  
Advanced Podiatric Clinics

Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17964008

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert G. Smith

Mailing Address 723 Lucerne Cir.

City State Zip Code  
Ormond Beach FL 32174-4624

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

Name of Employer  
Self-Employed

Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17964009

Amount of Each Receipt this Period  
1000.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 52

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Mark S. Block		Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 660 Glades Rd. #120		<b>Transaction ID:</b> 17964010
	City Boca Raton	State FL	Zip Code 33431-6466
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Dennis R. Frisch		Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 1070 S.W. 19th St.		<b>Transaction ID:</b> 17964011
	City Boca Raton	State FL	Zip Code 33486-6830
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Boca Raton Podiatry	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Michael I. Schwartz		Date of Receipt MM / DD / YYYY 01 / 29 / 2010
	Mailing Address 410 N. Gadsden St.		<b>Transaction ID:</b> 17964012
	City Tallahassee	State FL	Zip Code 32301-1215
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Florida Podiatric Medical Assn.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Roberta Giudice-Teller

Mailing Address 2244 N.W. 9th Pl.

City State Zip Code  
Gainesville FL 32605-5202

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

Transaction ID: 17964013

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. W. Christopher Fleming

Mailing Address 3008 S.W. 41st Ln.

City State Zip Code  
Ocala FL 34474-5860

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

Name of Employer Self Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

Transaction ID: 17964014

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas P. Broner

Mailing Address 1354 Pinewood Rd.

City State Zip Code  
Jacksonville Beach FL 32250-2931

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

Name of Employer Self-Employed Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

Transaction ID: 17964015

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Alan K. Mauser

Mailing Address 425 S. Sherrin Ave.

City State Zip Code  
Louisville KY 40207-4029

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17975985

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 181 Elting Rd.

City State Zip Code  
Catskill NY 12414-6731

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17975990

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Catherine Louise Yack

Mailing Address 7847 Horseshoe Trl.

City State Zip Code  
Huntsville AL 35802-3217

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2010

**Transaction ID:** 17975991

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Alfred L. Glover		Date of Receipt
	Mailing Address P.O. Box 9575		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Marina Del Rey	CA	90295-1975
	FEC ID number of contributing federal political committee.		Transaction ID: 18010894
	C		Amount of Each Receipt this Period
Name of Employer Self Employed		Occupation Podiatric Physician	[MEMO ITEM] Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$-1-50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Other (specify) ▼		-150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	65951.00