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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 05 0 1 2011 05 3 1 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. William Dabdoub, DPM Type or Print Name of Treasurer Electronically Filed by Dr. William Dabdoub, DPM 06 2 1 2011 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Podiatric Medical Association Political Action Committee

_		COLUMN A	COLUMN B
	_	This Period	Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011		243863.33
	(b) Cash on Hand at Begining of Reporting Period	406100.66	
	(c) Total Receipts (from Line 19)	23722.84	282535.07
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	429823.50	526398.40
7.	Total Disbursements (from Line 31)	20350.00	116924.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	409473.50	409473.50
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

м м 0 5 0 1 м°м 0 5 3 1 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 13835.34 184225.67 (i) Itemized (use Schedule A) 9887.50 93785.50 (ii) Unitemized (iii) TOTAL (add 23722.84 278011.17 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 23722.84 278011.17 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 4523.90 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 23722.84 282535.07 12, 13, 14, 15, 16, 17, and 18(c))

FE6AN026

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

23722.84

282535.07

DETAILED SUMMARY PAGE

of Disbursements

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

COLUMN A	COLUMN B	
Total This Period	Calendar Year-to-Date	
0.00	0.00	
0.00	0.00	
0.00	4523.90	
0.00	4523.90	
0.00	0.00	
20000.00	111000.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
0.00	0.00	
350.00	1401.00	
0.00	0.00	
0.00	0.00	
350.00	1401.00	
0.00	0.00	
0.00	0.00	
	0.00	
0.00	0.00	
0.00	0.00	
20350.00	116924.90	
20300.00	110924.90	
20350.00	116924.90	
	Total This Period 0.00 0.00 0.00 0.00 0.00 20000.00 0.00 0.00 0.00 0.00 350.00 0.00 0.00 0.00 0.00 20350.00 0.00	

DETAILED SUMMARY PAGE

of Disbursements

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

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	23722.84	278011.17	
34.	Total Contribution Refunds (from Line 28(d))	350.00	1401.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23372.84	276610.17	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	4523.90	
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	4523.90	

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 26 (check only one) X 11a
4	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	on Political Ac	ction Committee	
۷.	Full Name (Last, First, Middle Initial) Dr. Andronica S. Handie	Date of Receipt		
	Mailing Address 9414 S. 73rd E. Pl.			05 / 05 / 2011
	City Tulsa	State OK	Zip Code 74133-5448	Transaction ID: 19115315 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	74100 0440	750.00
	Name of Employer Self-Employed	Occupation Podiatric I		
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 750.00	
_ 3.	Full Name (Last, First, Middle Initial) Dr. Rae Louise Lantsberger Mailing Address 6417 S.E. 49th Ave.	Date of Receipt		
		05 05 2011		
			Zip Code 97206-6914	Transaction ID: 19115318 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	57250 6014	300.00
	Name of Employer Gresham Foot Clinic	Occupation Podiatric I		
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 300.00	
_).	Full Name (Last, First, Middle Initial) Dr. William C. Arrington, II			Date of Receipt
	Mailing Address 359 Ridgemont Dr.			05 05 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19115319
	Forney FEC ID number of contributing federal political committee.	C	75126-5310	Amount of Each Receipt this Period 300.00
	Name of Employer Galloway Foot Center			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 300.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			1350.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 26 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Association	on Political A	ction Committee	
۷. ا	Full Name (Last, First, Middle Initial) Dr. Bryan L. Cain	Date of Receipt		
	Mailing Address 2715 S.W. Bishop Rd	05 05 2011		
	City	State	Zip Code	Transaction ID: 19115859
	Lawton	OK	73505-0885	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lawton Family Foot Clinic	Occupation Podiatric	n Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial) Dr. Daniel Hodor	Date of Receipt		
	Mailing Address 2579 Hunters Bluff	05 / 05 / 2011		
	City	Transaction ID: 19115866		
	Bloomfield Hills	MI	48304-1822	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial) Dr. Timothy W. Young	Date of Receipt		
	Mailing Address 2039 E. Beaver Lake	05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 19115871
	Sammamish	WA	98075-7920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed Occupation Podiatric Physician			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
Γ	SUBTOTAL of Receipts This Page (optional) .			950.00

Mailing Address J.B. Jenkins & Associates 1706 E. 87th St. City State Zip Code Chicago IL 60617-2740 FEC ID number of contributing federal political committee. Name of Employer J.B. Jenkins & Associates Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 19116629 Amount of Each Receipt this Period Receipt For: Date of Receipt Transaction ID: 19116631 Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 19116631 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19116631 Amount of Each Receipt this Period Transaction ID: 19116631 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self-Employed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 26 (check only one) X 11a
A. Dr. Jondelle B. Jenkins Mailing Address J.B. Jenkins & Associates 1706 E. 87th St. City Chicago IIL 60617-2740 FEC ID number of contributing federal political committee Name of Employer J.B. Jenkins & Associates Politian H. Dabdoub Mailing Address 100 Ayshire Ct. City State Zip Code Politaric Physician Receipt For: Primary General Other (specify) ▼ State Zip Code Politaric Physician Receipt For: Primary General Other (specify) ▼ State Zip Code LA 70461-5034 FEC ID number of contributing federal political committee. City State Zip Code LA 70461-5034 FEC ID number of contributing federal political committee. Cupation Receipt For: Primary General Object First, Middle Initial) Dr. William Address 2815 Avalon Ln. City State Zip Code State Zip Code State Zip Code State Zip Code 150.00 Date of Receipt Init President Primary General Object Primary General Object State Zip Code State Tip Code State Zip Code Stat	_	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Chicago Chicago IL 60617-2740 Amount of Each Receipt this Period	∠ A .	Dr. Jondelle B. Jenkins Mailing Address J.B. Jenkins & Associa 1706 E. 87th St.	0 5 0 6 7 2 0 1 1		
Receipt For: Primary		Chicago FEC ID number of contributing	IL	·	Amount of Each Receipt this Period
B. Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct. City State Zip Code LA 70461-5034 FEC ID number of contributing federal political committee. Name of Employer C. Pull Name (Last, First, Middle Initial) Dr. Brandon Soot Percival Mailing Address 2815 Avalon Ln. City State Zip Code LA 70461-5034 Amount of Each Receipt this Period Doccupation Podiatric Physician Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr. Brandon Soot Percival Mailing Address 2815 Avalon Ln. City State Zip Code SC 29720 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Podiatric Physician Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Receipt For: Primary General	Podiatric	e Year-to-Date ▼ 833.34	
City State Zip Code LA 70461-5034 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Brandon Scot Percival Mailing Address 2815 Avalon Ln. City State Zip Code Transaction ID: 19116631 Amount of Each Receipt this Period 150.00 Date of Receipt Mailing Address 2815 Avalon Ln. City State Zip Code Transaction ID: 19117452 Lancaster SC 29720 Amount of Each Receipt this Period Date of Receipt Transaction ID: 19117452 Amount of Each Receipt this Period C Transaction ID: 19117452 Amount of Each Receipt this Period Podiatric Physician Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Б.	Dr. William H. Dabdoub			M M / D D / Y Y Y
Name of Employer Self-Employer Self-Employe		Slidell FEC ID number of contributing	LA	•	Transaction ID: 19116631 Amount of Each Receipt this Period
Dr. Brandon Scot Percival Mailing Address 2815 Avalon Ln. City State Zip Code Lancaster SC 29720 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 19117452 Amount of Each Receipt this Period 300.00		Name of Employer Self-Employed Receipt For: Primary General	Occupatio Podiatrio	e Year-to-Date ▼]
Lancaster SC 29720 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self-Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1283 34	- C.	Dr. Brandon Scot Percival			M M / D D / Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Lancaster FEC ID number of contributing	SC	·	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		Receipt For: Primary General	Podiatric	e Year-to-Date ▼]
		SUBTOTAL of Receipts This Page (optional)			1283.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 9 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sol name and address of an	d or used by any perso y political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	n Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial) Dr. Travis C. Westermeyer			Date of Receipt
Mailing Address 736 E. Grand Ave.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Co	ode	Transaction ID: 19117454
Escondido	CA 92025	5-4405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupation Podiatric Physicial	n	
Receipt For:	Aggregate Year-to-Da		1
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr. Robert Kalman			Date of Receipt
Mailing Address 46 Village Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Co	ode	Transaction ID: 19117457
Windsor	CT 06095	5-1729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Podiatric Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard M. Hofacker			Date of Receipt
Mailing Address 50 Sand Run Rd.			05 02 7 2011
City	State Zip Co	ode	Transaction ID: 19117458
Akron	OH 44313	3-6200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Self-Employed	Occupation Podiatric Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da		
SUBTOTAL of Receipts This Page (optional)		······	850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associations	d Statements may not be sold or used by any personante name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Krysia L. LePoer Mailing Address 1305 West St. City Wrentham FEC ID number of contributing federal political committee. Name of Employer University Foot Center Receipt For: Primary General	State Zip Code MA 02093-1801 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y 0 5
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Derek J. McCammon Mailing Address 9477 S.E. Emerald City	Date of Receipt M	
Portland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	OR 97086-8037 C Occupation Podiatric Physician Aggregate Year-to-Date 210.00	Amount of Each Receipt this Period 42.00
Full Name (Last, First, Middle Initial) Dr. Kenneth Paul Seiter, Jr. Mailing Address 11534 Kings Way E City Fort Smith FEC ID number of contributing	Or. State Zip Code AR 72916-8394	Date of Receipt M M
Receipt For: Primary Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional	l)	592.00

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 26 (check only one) X
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any per the name and address of any political committee	
American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. William S. Lynde Mailing Address 27 S. Lincoln Ave.	Date of Receipt	
		05 12 2011
City	State Zip Code	Transaction ID: 19121355
Newtown	PA 18940-2115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Newtown Podiatry	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. Burns	Date of Receipt	
Mailing Address 215 E. Lake St.	05 12 7 9 9 9	
City	State Zip Code	Transaction ID: 19121357
Fort Collins	CO 80524-4118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer A Step Ahead Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Barry M. Schulman	I	Date of Receipt
Mailing Address 7930 Diamondhead	Dr.	05 12 YYYYY 12 2011
City	State Zip Code	Transaction ID: 19121358
Ooltewah	TN 37363-9783	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer My Foot Doctor	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	_1	950.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 26 (check only one) X
A C	any information copied from such Reports and r for commercial purposes, other than using t	Statements may he name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	tion Political A	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Andrew J. Schneider	Date of Receipt		
	Mailing Address 4326 Sarong Dr.			05 / 19 / 2011
	City Houston	State TX	Zip Code 77096-4425	Transaction ID: 19125250 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77000 1120	85.00
	Name of Employer Tanglewood Foot Specialis- ts	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Terry P. Smith	Date of Receipt		
	Mailing Address 2064 Michigan Ave.	05 19 2011		
	City	State UT	Zip Code	Transaction ID: 19125253
	Salt Lake City FEC ID number of contributing federal political committee.	C	84108-1308	Amount of Each Receipt this Period 20.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	
	Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan			Date of Receipt
	Mailing Address Austin Foot & Ankle 5000 Bee Cave Rd.	Specialists #202		05 20 7 2011
	City West Lake Hills	State TX	Zip Code 78746-5254	Transaction ID: 19125417 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.10 020	100.00
	Name of Employer Austin Foot & Ankle Speci- alists	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			205.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 26 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa		
Full Name (Last, First, Middle Initial) Dr. Robert J. Warkala		Date of Receipt
Mailing Address 59 Harrowgate Dr.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19126381
Cherry Hill	NJ 08003-1938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	160.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	7
Full Name (Last, First, Middle Initial) Dr. Georgina A. Asante Mailing Address 1900 10th Ave. #30	Date of Receipt	
O:h.	Otata 7'- Oada	05 25 2011
City Columbus	State Zip Code GA 31901-1400	Transaction ID: 19127619
FEC ID number of contributing federal political committee.	C 31901-1400	Amount of Each Receipt this Period 45.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	225.00	
Full Name (Last, First, Middle Initial) Dr. Theodore G. Mushlin		Date of Receipt
Mailing Address Podiatry Care Spec 3319 W. Chester Ph	05 27 2011	
City	State Zip Code	Transaction ID: 19133372
Newtown Square	PA 19073-4226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Podiatry Care Specialists, P.C.	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	500.00	
)	705.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 26 (check only one)	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee		
Full Name (Last, First, Middle Initial) Dr. Laura J. Pickard			Date of Receipt	
Mailing Address Norridge Foot Clinic 7325 W. Irving Park	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Chicago	Transaction ID: 19134905 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	60634-3547	250.00	
Name of Employer Norridge Foot Clinic	Occupatio Podiatric	n Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Dr. Lawrence Zane Huppin	Date of Receipt			
Mailing Address 7109 Dayton Ave. N	05 27 7 2011			
City Seattle	State WA	Zip Code 98103-5029	Transaction ID: 19134906	
FEC ID number of contributing federal political committee.		30103-3029	Amount of Each Receipt this Period 1000.00	
Name of Employer Foot & Ankle Center of WA	Occupatio Podiatric	n Physician		
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Dr. Tony D. H. Kim			Date of Receipt	
Mailing Address 2129 Sunrise Cir.				
City Wenatchee	State WA	Zip Code 98801-1046	Transaction ID: 19134907 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		300.00	
Name of Employer PRIVATE PRACTICE Occupation Podiatric F		n Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
SUBTOTAL of Receipts This Page (optional	l))	1550.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 26 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Rockwell Moulton Mailing Address 17226 30th Ave. N.	E.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Lake Forest Park</u> FEC ID number of contributing	State WA	Zip Code 98155-5316	Transaction ID: 19134908 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)		Physician Year-to-Date ▼ 300.00	150.00
Full Name (Last, First, Middle Initial) Dr. Scott Schroeder Mailing Address 4123 Stemilt Creek	Rd.		Date of Receipt 0 5 2 7 2 0 1 1
City Wenatchee FEC ID number of contributing federal political committee.	State WA	Zip Code 98801-8982	Transaction ID: 19134911 Amount of Each Receipt this Period 150.00
Name of Employer Foot Health Services Receipt For: Primary General Other (specify) ▼		Physician Year-to-Date 300.00]
Full Name (Last, First, Middle Initial) Dr. Corwyn B. Bergsma Mailing Address 3567 Elk Ct.	I		Date of Receipt 0 5 2 7 2 0 1 1
City Zeeland FEC ID number of contributing federal political committee.	State MI	Zip Code 49469-8625	Transaction ID: 19134914 Amount of Each Receipt this Period 800.00
Name of Employer Self-Employed		n Physician Year-to-Date	
Primary General Other (specify) ▼	Aggregate	800.00]
SUBTOTAL of Receipts This Page (optional	1)		1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 26 (check only one) X
	nd Statements may not be sold or used by any persong the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	iation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael A. Stein		Date of Receipt
Mailing Address 3612 Vista Charon		0 5 2 7 2 0 1 1
City Walnut Creek	State Zip Code CA 94598-4050	Transaction ID: 19134915 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Shapiro		Date of Receipt
Mailing Address 172 Lagoon Dr. W		05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 19134921
<u>Lido Beach</u>	NY 11561-4916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Francis Rappette		Date of Receipt
Mailing Address The Centers for Fo 654 W. Veterans P	oot & Ankle Surge Pkwy. #D	05 / 27 / 2011
City	State Zip Code	Transaction ID: 19134922
Yorkville FEC ID number of contributing	IL 60560-4567	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer The Centers for Foot & An- kle Surgery	Occupation Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	500.00	
	al)	1050.00

SCHEDULE A (FEC Form 3X)

ITI	EMIZED RECEIPTS	Ctatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 26 (check only one) X
or f	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			Data of Bassist
	Dr. Paul S. Bishop Mailing Address The Centers for Foot & 654 W. Veterans Pkw		ge	Date of Receipt 0 5 2 7 2 0 1 1
	City	State	Zip Code	Transaction ID: 19134923
	Yorkville	IL	60560-4567	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
•	Name of Employer The Centers for Foot & An- kle Surgery	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Lisa M. Schoene			Date of Receipt
	Mailing Address 659 W. Wellington Av			05 27 2011
	City	State	Zip Code	Transaction ID: 19134924
•	Chicago FEC ID number of contributing federal political committee.	C	60657-5305	Amount of Each Receipt this Period 500.00
	Name of Employer Gurnee Podiatry & Sports Medicine Receipt For:	, '	Physician	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. Maureen L. Crotty			Date of Receipt
	Mailing Address 4734 S. Yorktown Pl.			05 09 2011
	City	State	Zip Code	Transaction ID: 19134944
	Tulsa	OK	74105-4931	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Green Country Podiatry Ce- nter	, '	Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	JBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	fo	lse separate schedule(s) or each category of the oetailed Summary Page	FOR LINE NUMBER: PAGE 18 / 26 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	the name and address	s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jack A. Koch Mailing Address 2937 Cardamon Ln			Date of Receipt
City Fullerton FEC ID number of contributing	CA	Zip Code 92835-4307	Transaction ID: 19134945 Amount of Each Receipt this Period
Name of Employer Self-Employed	Occupation Podiatric Phy Aggregate Yea		500.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Joan M. Meyer		500.00	Date of Receipt
Mailing Address 3240 Purer Rd.			M M / D D / Y Y Y Y Y O D D / 2 0 1 1
City		Zip Code	Transaction ID: 19134952
Escondido FEC ID number of contributing federal political committee.	CA	92029-7250	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatric Phy	/sician	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Joseph H. Strickland			Date of Receipt
Mailing Address 2990 Longbrooke V	Vay		05 28 2011
City		Zip Code	Transaction ID: 19134973
Clearwater FEC ID number of contributing federal political committee.	C C	33760-1719	Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Podiatric Phy	/sician	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea		
SUBTOTAL of Receipts This Page (optional	ıl\		1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/26 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	iation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert G. Smith			Date of Receipt
Mailing Address 723 Lucerne Cir.			05 28 2011
City Ormond Beach	State FL	Zip Code 32174-4624	Transaction ID: 19134983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	02177 1021	100.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Vivian S. Rodes			Date of Receipt
Mailing Address 3050 Harrodsburg	Rd #201		0 5 2 7 2 0 1 1
City Lexington	State KY	Zip Code 40503-2747	Transaction ID: 19143760
FEC ID number of contributing federal political committee.	C	40303-2747	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation	n Physician	
Receipt For: Primary General Other (specify) ▼	- , '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Pamela M. Jensen-Stanley			Date of Receipt
Mailing Address 6767 Rush Branch	Rd.		0 5 2 7 2 0 1 1
City Somerset	State KY	Zip Code 42501-5729	Transaction ID: 19143762
FEC ID number of contributing federal political committee.	C	42301-3729	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	1		650.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stator for commercial purposes, other than using the n	tements mag ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Political A	action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Bradley Charles Haves			Date of Receipt
	Mailing Address 1609 N.W. 14th Ave.			05 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19190661
	<u>Miami</u>	FL	33125-1619	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$50-0.00
В.	Full Name (Last, First, Middle Initial) Ms. Christina Pratt			Date of Receipt
	Mailing Address 762 Great Highway #3			05 27 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 19190662
	San Francisco	CA	94121-3267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer California School of Podi- atric Medicin	Occupatio Student	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 0.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0

SUBTOTAL of Receipts This Page (optional)		0.00
TOTAL This Period (last page this line number only)	→	13835.34

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				Detailed :	category of the Summary Page		ธ	21b 27	22 28a		3b	24 28c	2	25 29	
or fo	Information copied or commercial purpo NAME OF COMMI American Podiat	oses, other than usi TTEE (In Full)	ng the name	and addres	ss of any political	com									
	Full Name (Last, Fi Cantor For Cong Mailing Address	gress	2						Date		urseme	ent		11	Y
		P.O. Box 1781:		tata	7in Codo				ì		•			0	
	City Richmond			tate 'A	Zip Code 23226				Amou	INT OF E	ach Di	sburse	2500	-	∌ric
	Purpose of Disburs Candidate Name Rep. Eric I. Cant					Ca	011 atego Type	ory/			•		2300	J.00	
		X House Senate President District: 07		nent For: Primary Other (spe	2012 General										
	Full Name (Last, Findeoff Davis For	Congress	•						Date		urseme		V	11	Y
	Mailing Address	PO Box 17192		1-1-	7'- 0-1-									^	
	City Ft Mitchell			tate Y	Zip Code 41017				Amol	Int of E	ach Di	sburse			eric
	Purpose of Disburs Candidate Name Rep. Geoff Davis					Ca	011 atego Type	ory/					1000	0.00	
		X House Senate President District: 04		nent For: Primary Other (spe	2012 General										
	Full Name (Last, Fi Latham For Con	. ,							Date		ID:	ent		V ° V	v
	Mailing Address	PO Box 71							0 ^M 5	,	13	ľ	20	11	
	City Clarion			tate A	Zip Code 50525				Amou	int of E	ach Di	sburse			eric
	Purpose of Disburs	ement				Г	011						1000	0.00	_
	Candidate Name Rep. Thomas P.	Latham					atego Type								
		X House Senate President District: 04		nent For: Primary Other (spe	2012 General										
—	Ciaio. I/ C	5.5ti lot. 07											4500		_

Transaction ID: 19121866 Date of Disbursement Cardidate Name Rep. Mark Steven Kirk Office Sought: X Senate Rays For Congress Maling Address 777 S, Figueroa Street Suite 4050 Cly Cly Cly Cly Cly Cly Cly Cly Cly State: IL District: Full Name (Last, First, Middle Initial) Karen Bass For Congress Office Sought: X House Disbursement Office Sought: X House President Office Sought: X House President Cardidate Name Rep. Mark Steven Corp. Cly Cly Cly Cly Cly Cly Cly Cly Cly Cl	SCHEDULE B	•	, I		arate schedule(s)				NUMBE	R:		L P	AGE	22 / 2	6
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 Full Name (Last, First, Middle Initial) Kirk For Senate Mailing Address P.O. Box 8 City Winnetka IL Zip Code IL 60093 Purpose of Disbursement Candidate Name Rep. Mark Steven Kirk Office Sought: House President Suite 4050 City State: IL District: Full Name (Last, First, Middle Initial) Karen Bass For Congress Mailing Address 777 S, Figueroa Street Suite 4050 City State: Zip Code Charles (A 90017) Purpose of Disbursement Candidate Name Ms. Karen Bass Office Sought: X House Senate President Senate Disbursement For: 2012 State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address PO Box 2012 City State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address PO Box 2012 City State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address PO Box 2012 City State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address PO Box 2012 City State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address PO Box 2012 City State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Middle Address PO Box 2012 City State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Middle Address PO Box 2012 City State: CA District: 33 Full Name (Last, First, Middle Initial) Candidate Name President Presid	TEMIZED DIS	BURSEMEN'	TS					21b	22	X			, F	l .	
Full Name (Last, First, Middle Initial) Kirk For Senate Mailing Address P.O. Box 8 City Winnetka City Winnetka Candidate Name Rep. Mark Steven Kirk Office Sought: House President State: IL District: Full Name (Last, First, Middle Initial) Karen Bass For Congress Mailing Address Office Sought: X Primary General President Suite 4050 City Cardidate Name Mailing Address Transaction ID: 19121866 Date of Disbursement this For 2016 X Primary General President State: IL District: Full Name (Last, First, Middle Initial) Karen Bass For Congress Mailing Address Transaction ID: 19135112 Date of Disbursement Transaction ID: 19135113 Date of Disbursement Transaction ID:	NAME OF COMM	poses, other than usin	ng the name	and addre	ss of any political	com		person f	or the pu		se of so	oliciting o	contril	outions	
City Winnetka IL 60093 Purpose of Disbursement Candidate Name Rep. Mark Steven Kirk Office Sought:	Full Name (Last, F Kirk For Senate	First, Middle Initial)							Date	of D	isburse	ement			Y
Candidate Name Rep. Mark Steven Kirk Office Sought:	City	F.O. BOX 6								ınt o			_		
Office Sought:	Candidate Name						ateg	ory/	L.				25	00.00	•
Mailing Address 777 S. Figueroa Street Suite 4050 City Los Angeles Purpose of Disbursement Candidate Name Ms. Karen Bass Office Sought: State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address PO Box 2012 City Kingsford Purpose of Disbursement Candidate Name Mil 49802 Purpose of Disbursement Candidate Name Rep. Dan Benishek Office Sought: X House Senate Ni Primary State State State Sip Code Ni Primary State State Sip Code State Sig Code State Sig Code State Sig Code State State Sig Code Sig Code State Sig Code State Sig Code State Sig Code Sig Co	Office Sought:	House X Senate President		Primary	General		Тур	9							
Suite 4050 City Los Angeles Purpose of Disbursement Candidate Name Ms. Karen Bass Office Sought: State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address Purpose of Disbursement State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address Purpose of Disbursement Candidate Name Rep. Dan Benishek Office Sought: X Primary General Disbursement Disbursement Other (specify) Amount of Each Disbursement this F Transaction ID: 19135113 Date of Disbursement Office Sought: X Primary Category/ Type Office Sought: X Primary General Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)	Karen Bass For	r Congress	Ctract						Date	of D	isburse	ement	V . V	,	Y
Purpose of Disbursement Candidate Name Ms. Karen Bass Office Sought: X House President President State: CA District: 33 Full Name (Last, First, Middle Initial) Benishek For Congress, Inc. Mailing Address PO Box 2012 City Kingsford Purpose of Disbursement Candidate Name Rep. Dan Benishek Office Sought: X House Senate MI Disbursement For: Zip Code MI 49802 Amount of Each Disbursement this F Amount of Each Disbursement this F 1000.00	City	Suite 4050							Amou	ınt o					
Senate	Purpose of Disbur Candidate Name				00017		ateg	ory/					10	00.00	
Benishek For Congress, Inc. Mailing Address PO Box 2012 City State Zip Code Kingsford MI 49802 Purpose of Disbursement Candidate Name Rep. Dan Benishek Office Sought: X House Senate President Date of Disbursement M	-	Senate President		Primary	General										
City State Zip Code Kingsford MI 49802 Purpose of Disbursement Candidate Name Rep. Dan Benishek Office Sought: X House Senate President Disbursement For: 2012 Senate Other (specify) ▼	, ,	. ,							Date	of D	isburse	ement			
Kingsford MI 49802 Purpose of Disbursement Candidate Name Rep. Dan Benishek Office Sought: X House Disbursement For: 2012 Senate Y Primary General Other (specify) ▼	Mailing Address	PO Box 2012													
Candidate Name Rep. Dan Benishek Office Sought: X House Senate President Disbursement For: X Primary General Other (specify)	Kingsford	raomont							Amou	ınt o	f Each	Disburs			erioc
Senate X Primary General President Other (specify) ▼	Candidate Name						ateg	ory/			•				•
3.5		Senate President		Primary	General										
SUBTOTAL of Disbursements This Page (optional)			(optional)					<u> </u>		-			45	00.00	•

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s) (check	INE NUMBER: PAGE 23 / 26 conly one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page 21	b 22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Podiatric Medical Association	n Political Action Committee	
Full Name (Last, First, Middle Initial)		Transaction ID: 19135116
Price For Congress		Date of Disbursement
Mailing Address P.O. Box 425		05 7 3 1 7 2 0 1 1
City Roswell	State Zip Code GA 30077	Amount of Each Disbursement this Period
Purpose of Disbursement	GA 30077	1000.00
Candidate Name	011 Category/	
Rep. Thomas Edmunds Price, M.D.	Type 2012	
Office Sought: X House Dis	oursement For: 2012 X Primary General Other (specify)	
State: GA District: 06		
Full Name (Last, First, Middle Initial) Whitehouse for Senate		Transaction ID: 19135117 Date of Disbursement
Mailing Address PO Box 40280		05 7 3 1 7 2 0 1 1
City Providence	State Zip Code RI 02920	Amount of Each Disbursement this Perio
Purpose of Disbursement	011	1000.00
Candidate Name Sheldon Whitehouse	Category/ Type	
Office Sought: House X Senate President	ursement For: 2012 X Primary General Other (specify)	
State: RI District:	Carici (opeony)	
Full Name (Last, First, Middle Initial) Van Hollen For Congress		Transaction ID: 19135118 Date of Disbursement
Mailing Address 10537 St. Paul St.		05 7 3 1 7 2 0 1 1
City Kensington	State Zip Code MD 20895	Amount of Each Disbursement this Perio
Purpose of Disbursement		1000.00
Candidate Name Rep. Chris Van Hollen	011 Category/ Type	
Office Sought: X House Disingular Senate President	wursement For: 2012 X Primary General Other (specify)	
State: MD District: 08		

Transaction ID: 19135119 Amy Information copied from such Reports and Statements may not be sold or used by any preson for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 24 / 26
or for commercial purposes, other than using the name and address of any political committee to social contributions from such committee NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Ben Cardin For Senate Mailing Address P.O. Box 21093 City State Zip Code Catonsville MD 21228 Purpose of Disbursement Candidate Name Sen. Benjamin Cardin Office Sought: House President State: MD District: Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign Mailing Address P.O. Box 83142 City State Zip Code MD 20883 Mailing Address P.O. Box 83142 City State Zip Code MD 20883 Mailing Address P.O. Box 83142 City Senate President State: X Primary General Candidate Name Rep. Charlie A. Gonzalez Obsbursement For: 2012 Senate President State: TX District: 20 Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City Senate President State: TX District: 20 Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City General President State: TX District: 20 Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City General President State: TX District: 20 Furpose of Disbursement Candidate Name Rep. Charlie A. Gonzalez Obsursement For: 2012 Furpose of Disbursement Candidate Name Rep. Michael C. Burgess, M.D. Office Sought: X Primary General President Senate President Se	ITEMIZED DISBURSEMENTS	for each category of the	
NAME OF COMMITTEE (in Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Ben Cardin For Senate Malling Address P.O. Box 21093 City Catonsville Purpose of Disbursement Candidate Name Rep. Charlie A. Gonzalez Office Sought: I House Gaithersburg MD State City Candidate Name Rep. Charlie A. Gonzalez Office Sought: I House President State: TX District: 20 Full Name (Last, First, Middle Initial) Charles A. Gonzalez Office Sought: I House Disbursement For: I President State: TX District: 20 Full Name (Last, First, Middle Initial) Charles A. Gonzalez Office Sought: I House Disbursement For: I President State: TX District: 20 Full Name (Last, First, Middle Initial) Charles A. Gonzalez Office Sought: I House Disbursement For: I Disbursement			
Ben Cardin For Senate Mailing Address P.O. Box 21093 City State Zip Code Catonsville MD 21228 Purpose of Disbursement Candidate Name Sen. Benjamin Cardin Charles A. Gonzalez Congressional Campaign Mailing Address P.O. Box 83142 City Senate President Senate MD 20883 City Senate President Senate MD 20883 City Senate President MD 20883 City Senate President Senate President Senate MD 20883 City Senate President Other (specify) ▼ State: TX District: 26 Substotal of Disbursement For: 2012 Senate President Senate Presiden	NAME OF COMMITTEE (In Full)		
City State MD District: Full Name (Last, First, Middle Initial) Candidate Name Gaithersburg MD 20883 Purpose of Disbursement Other (specify) ▼ City State MD District: Full Name (Last, First, Middle Initial) Candidate Name Rep. Charlie A. Gonzalez Office Sought: Very State MD District: Full Name (Last, First, Middle Initial) Charles A. Gonzalez Office Sought: Very State MD District: Full Name (Last, First, Middle Initial) Charles A. Gonzalez Office Sought: Very State MD District: Candidate Name Rep. Charlie A. Gonzalez Office Sought: Very State MD Disbursement Other (specify) ▼ Transaction ID: 19135120 Date of Disbursement this Transaction ID: 19135120 Date of Disbursement this 1000.00 Type Amount of Each Disbursement this 1000.00 Type Office Sought: Very State MD District: 20 Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City State Michael C. Burgess, M.D. Office Sought: Very State Michael C. Burgess, M.D. Office Sought: Very State Michael C. Burgess, M.D. Disbursement Other (specify) ▼ Other (specify) ▼ State: TX District: 26 SubstortAL of Disbursements This Page (optional)			Transaction ID: 19135119
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or 1	for commercial purposes, other than using the	he name and address of any political co	ommittee to so	olicit contributions from such committee
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Associa	tion Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 19135122
	Blumenauer For Congress			Date of Disbursement
				05 31 Y Y Y Y Y Y
	Mailing Address 830 Ne Holladay, #	‡ 105		05 31 2011
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	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							
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Political Action Committee						
	Full Name (Last, First, Middle Initial) Dr. Bradley Charles Haves Mailing Address 1609 N.W. 14th Ave.			Transaction ID: 19124136 Date of Disbursement				
	City Miami	State Zip Code FL 33125-1619		Amount of Each Disbursement this Period				
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