

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 Year-End 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 (12S)
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 / / through / /

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. Randy Kaplan DPM

Signature of Treasurer Dr. Randy Kaplan DPM [Electronically Filed] 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		401108.16
(b) Cash on Hand at Beginning of Reporting Period.....	189676.16	
(c) Total Receipts (from Line 19)	12133.00	396714.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	201809.16	797822.16
7. Total Disbursements (from Line 31).....	-8300.00	587613.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	210109.16	210209.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2012 To: M M / D D / Y Y Y Y 11 / 26 / 2012

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).....	7748.00	255097.00
(ii) Unitemized	4385.00	138617.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12133.00	393714.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12133.00	393714.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3000.00
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12133.00	396714.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12133.00	396714.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	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.....	-8300.00	584200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2250.00
29. Other Disbursements	0.00	1163.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	-8300.00	587613.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-8300.00	587613.00

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)	12133.00	393714.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12133.00	391464.00
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: (check only one)	PAGE 6 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Dr. Sylvia Virbulis
Full Name (Last, First, Middle Initial)

Mailing Address Piedmont Foot & Ankle Care
316 S. Church St.

City Salisbury State NC Zip Code 28144-4930

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

Name of Employer Piedmont Foot & Ankle Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **10 / 18 / 2012**

Transaction ID : 20460862

Amount of Each Receipt this Period **200.00**

B. Dr. Jeffrey Frederick
Full Name (Last, First, Middle Initial)

Mailing Address 30005 Forest Dr.

City Franklin State MI Zip Code 48025-1580

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 ▼ **800.00**

Date of Receipt **10 / 19 / 2012**

Transaction ID : 20461309

Amount of Each Receipt this Period **100.00**

C. Dr. Steven E. Black
Full Name (Last, First, Middle Initial)

Mailing Address 44444 16th St. W #103

City Lancaster State CA Zip Code 93534-2840

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 ▼ **400.00**

Date of Receipt **10 / 19 / 2012**

Transaction ID : 20461310

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Joy A. Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 1333 Atlantic Ave.

City Fernandina Beach State FL Zip Code 32034-3247

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 18 / 2012
Transaction ID : 20461641

Amount of Each Receipt this Period 300.00

B. Dr. Matthew H. Paden
Full Name (Last, First, Middle Initial)

Mailing Address Rocky Mountain Foot & Ankle Center
7615 W. 38th Ave. #B101

City Wheat Ridge State CO Zip Code 80033-6138

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

Name of Employer Wheat Ridge Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2012
Transaction ID : 20461658

Amount of Each Receipt this Period 300.00

C. Dr. Andrew J. Schneider
Full Name (Last, First, Middle Initial)

Mailing Address Tanglewood Foot Specialists
1011 Augusta Dr. #202

City Houston State TX Zip Code 77057-2060

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

Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 10 / 21 / 2012
Transaction ID : 20461693

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 685.00

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 OF 25
(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. Dr. Cynthia Rae Cernak
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 43rd Ave.
 City Kenosha State WI Zip Code 53144-1213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2012
Transaction ID : 20461694
 Amount of Each Receipt this Period
 100.00

B. Dr. Robert J. Warkala
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Harrowgate Dr.
 City Cherry Hill State NJ Zip Code 08003-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2012
Transaction ID : 20461697
 Amount of Each Receipt this Period
 100.00

C. Dr. Kenneth Paul Seiter Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11534 Kings Way Dr.
 City Fort Smith State AR Zip Code 72916-8394
 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 ▼ 301.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2012
Transaction ID : 20461720
 Amount of Each Receipt this Period
 301.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 501.00
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 OF 25
(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. Dr. Aniello Scotti Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 484 William Floyd Pkwy.
 City State Zip Code
 Shirley NY 11967-3415
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20463813
 Amount of Each Receipt this Period
 250.00

B. Dr. Liana G. Seldin
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Meridian Ave. #10
 City State Zip Code
 Miami Beach FL 33139-8713
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20463814
 Amount of Each Receipt this Period
 250.00

C. Dr. Leslie R. Rousseau
 Full Name (Last, First, Middle Initial)
 Mailing Address Metroplex Foot & Ankle Center
 4375 Booth Calloway Rd. #501
 City State Zip Code
 North Richland Hills TX 76180-8367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Metroplex Foot & Ankle Center Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 20467877
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Steven G. Lund
Full Name (Last, First, Middle Initial)

Mailing Address Metroplex Foot & Ankle Center
4375 Booth Calloway Rd. #501

City North Richland Hills State TX Zip Code 76180-8367

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

Name of Employer Metroplex Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2012
Transaction ID : 20467879

Amount of Each Receipt this Period 250.00

B. Dr. Joseph Christopher Smith
Full Name (Last, First, Middle Initial)

Mailing Address 654 Philadelphia Ave.

City Shillington State PA Zip Code 19607-2769

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 25 / 2012
Transaction ID : 20470532

Amount of Each Receipt this Period 25.00

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

Mailing Address 1900 10th Ave. #305

City Columbus State GA Zip Code 31901-1400

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 25 / 2012
Transaction ID : 20470533

Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 320.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Terri R. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address Little Rock Foot Clinic
 424 N. University Ave. #9
 City Little Rock State AR Zip Code 72205-3109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Little Rock Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012
Transaction ID : 20475537
 Amount of Each Receipt this Period
 250.00

B. Dr. Andrew J. Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address Tanglewood Foot Specialists
 1011 Augusta Dr. #202
 City Houston State TX Zip Code 77057-2060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 20475597
 Amount of Each Receipt this Period
 85.00

C. Dr. Michael B. Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 68th Pl.
 City Kenosha State WI Zip Code 53143-5137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2012
Transaction ID : 20475607
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	460.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Dr. Gary A. Raymond
Full Name (Last, First, Middle Initial)

Mailing Address Rd. 4 Box 148

City Hollidaysburg State PA Zip Code 16648-9262

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 ▼ **600.00**

Date of Receipt **10 / 31 / 2012**

Transaction ID : 20477299

Amount of Each Receipt this Period **300.00**

B. Dr. Diana M. Emini
Full Name (Last, First, Middle Initial)

Mailing Address DM Foot & Ankle Associates
14236 McCarthy Rd.

City Lemont State IL Zip Code 60439-9393

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

Name of Employer DM Foot & Ankle Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **10 / 31 / 2012**

Transaction ID : 20477482

Amount of Each Receipt this Period **100.00**

C. Dr. Vafa N. Ferdowsian
Full Name (Last, First, Middle Initial)

Mailing Address Ferdowsian Foot & Ankle Clinic
703 Donaghey Ave.

City Conway State AR Zip Code 72034-5107

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

Name of Employer Ferdowsian Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 31 / 2012**

Transaction ID : 20477484

Amount of Each Receipt this Period **500.00**

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 13 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address Windy City Foot & Ankle Physicians
111 N. Wabash Ave. #1919

City Chicago State IL Zip Code 60602-2002

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

Name of Employer Windy City Foot & Ankle Physicians Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2012
Transaction ID : 20477506

Amount of Each Receipt this Period 250.00

B. Dr. Joel W. Brook
Full Name (Last, First, Middle Initial)

Mailing Address Dallas Podiatry Works
7777 Forest Ln. #A212

City Dallas State TX Zip Code 75230-2535

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

Name of Employer Dallas Podiatry Works Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 01 / 2012
Transaction ID : 20477507

Amount of Each Receipt this Period 250.00

C. Dr. Brenna Leigh Steinberg
Full Name (Last, First, Middle Initial)

Mailing Address 75 Thomas Johnson Dr. #1

City Frederick State MD Zip Code 21702-4895

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 ▼ 750.00

Date of Receipt 11 / 01 / 2012
Transaction ID : 20477508

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: (check only one)	PAGE 14 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Larry S. Hotchkiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 9135 Piscataway Rd. #102
 City Clinton State MD Zip Code 20735-2548
 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 **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20477509
 Amount of Each Receipt this Period
250.00

B. Dr. William J. DeLiberis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2630 E. Chestnut Ave. #D2
 City Vineland State NJ Zip Code 08361-8400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : 20479401
 Amount of Each Receipt this Period
150.00

C. Dr. Richard Pat Mistretta
 Full Name (Last, First, Middle Initial)
 Mailing Address Affiliated Foot & Ankle
 3071 Peachtree Industrial Blvd. #1
 City Duluth State GA Zip Code 30097-8607
 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
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : 20480637
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **650.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David E. Cornell
Full Name (Last, First, Middle Initial)

Mailing Address **Advanced Foot & Ankle Care**
1207 S. 13th St.

City **Omaha** State **NE** Zip Code **68108-3501**

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

Name of Employer **Advanced Foot & Ankle Care** Occupation **Podiatric Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
11 / 02 / 2012

Transaction ID : 20480638

Amount of Each Receipt this Period
100.00

B. Dr. Ross E. Taubman
Full Name (Last, First, Middle Initial)

Mailing Address **Podiatry Insurance Company of Amer**
3000 Meridian Blvd. #400

City **Franklin** State **TN** Zip Code **37067-9900**

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

Name of Employer **Podiatric Insurance Company of America** Occupation **President & Chief Medical Officer**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
11 / 02 / 2012

Transaction ID : 20480640

Amount of Each Receipt this Period
250.00

C. Dr. William H. Dabdoub
Full Name (Last, First, Middle Initial)

Mailing Address **108A Smart Pl.**

City **Slidell** State **LA** Zip Code **70458-2040**

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 ▼ **2650.00**

Date of Receipt
11 / 06 / 2012

Transaction ID : 20481979

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Kenneth J. Emch
 Full Name (Last, First, Middle Initial)
 Mailing Address Ankle & Foot Care Centers
 8175 Market St.
 City Youngstown State OH Zip Code 44512-6244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ankle & Foot Care Centers Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : 20485381
 Amount of Each Receipt this Period
 500.00

B. Dr. Derek J. McCammon
 Full Name (Last, First, Middle Initial)
 Mailing Address 9477 S.E. Emerald Loop
 City Happy Valley State OR Zip Code 97086-8037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : 20486113
 Amount of Each Receipt this Period
 42.00

C. Dr. Loring J. Stead
 Full Name (Last, First, Middle Initial)
 Mailing Address Olmsted Medical Center
 210 9th St. S.E.
 City Rochester State MN Zip Code 55904-6756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Olmsted Medical Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20487461
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	792.00
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 17 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Douglas T. Gillis
 Full Name (Last, First, Middle Initial)
 Mailing Address Arroyo Foot & Ankle Clinic
 780 S. Walnut St. #3
 City Las Cruces State NM Zip Code 88001-1425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arroyo Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 20487462
 Amount of Each Receipt this Period
500.00

B. Dr. Gregory W. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address Ark LA Tex Foot Specialists, LLC
 385 Bert Kouns #200
 City Shreveport State LA Zip Code 71106-8158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2012
Transaction ID : 20487564
 Amount of Each Receipt this Period
100.00

C. Dr. Steven L. Ginex
 Full Name (Last, First, Middle Initial)
 Mailing Address 77685 Justin Ct.
 City Palm Desert State CA Zip Code 92211-6238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2012
Transaction ID : 20488193
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	250.00
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 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Holly A. Spohn-Gross
Full Name (Last, First, Middle Initial)

Mailing Address 6425 Lynch Canyon Dr.

City Lake Isabella	State CA	Zip Code 93240-9726
-----------------------	-------------	------------------------

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

Name of Employer Rural Health Clinic/Kern Valley Hosp.	Occupation Podiatric Physician
-----------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2012

Transaction ID : 20488201

Amount of Each Receipt this Period

95.00

B. Dr. Scot Francis Bertolo
Full Name (Last, First, Middle Initial)

Mailing Address 4475 N. High St.

City Columbus	State OH	Zip Code 43214-2637
------------------	-------------	------------------------

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

Name of Employer Internist Associates of Central NY	Occupation Podiatric Physician
--------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2012

Transaction ID : 20488202

Amount of Each Receipt this Period

25.00

C. Dr. Phyllis A. Weinstein
Full Name (Last, First, Middle Initial)

Mailing Address 5104 Densmore Ave.

City Encino	State CA	Zip Code 91436-1550
----------------	-------------	------------------------

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 ▼ **280.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	16	/	2012

Transaction ID : 20490440

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 19 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 5444 Centerbrook Ct.

City West Bloomfield State MI Zip Code 48322-3818

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 ▼ 220.00

Date of Receipt 11 / 17 / 2012

Transaction ID : 20491249

Amount of Each Receipt this Period 200.00

B. Dr. Steve R. Feller
Full Name (Last, First, Middle Initial)

Mailing Address 7507 Custer Rd. W.

City Tacoma State WA Zip Code 98499-8138

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 11 / 17 / 2012

Transaction ID : 20491250

Amount of Each Receipt this Period 50.00

C. Dr. Jason Ray Surratt
Full Name (Last, First, Middle Initial)

Mailing Address Westside Foot & Ankle Specialists
9900 S.W. Hall Blvd. #100

City Tigard State OR Zip Code 97223-5838

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

Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2012

Transaction ID : 20491251

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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 20 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Sandra Fox
Full Name (Last, First, Middle Initial)

Mailing Address Fox Podiatry
1063 N. Detroit St.

City Xenia State OH Zip Code 45385-1928

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

Name of Employer Fox Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
11 / 18 / 2012
Transaction ID : 20491258

Amount of Each Receipt this Period
200.00

B. Dr. Jeffrey Frederick
Full Name (Last, First, Middle Initial)

Mailing Address 30005 Forest Dr.

City Franklin State MI Zip Code 48025-1580

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 ▼
900.00

Date of Receipt
11 / 19 / 2012
Transaction ID : 20491267

Amount of Each Receipt this Period
100.00

C. Dr. Steven E. Black
Full Name (Last, First, Middle Initial)

Mailing Address 44444 16th St. W #103

City Lancaster State CA Zip Code 93534-2840

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
11 / 19 / 2012
Transaction ID : 20491268

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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 21 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Andrew J. Schneider
 Full Name (Last, First, Middle Initial)
 Mailing Address Tanglewood Foot Specialists
 1011 Augusta Dr. #202
 City Houston State TX Zip Code 77057-2060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : 20492642
 Amount of Each Receipt this Period
 85.00

B. Dr. Cynthia Rae Cernak
 Full Name (Last, First, Middle Initial)
 Mailing Address 1521 43rd Ave.
 City Kenosha State WI Zip Code 53144-1213
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : 20492643
 Amount of Each Receipt this Period
 100.00

C. Dr. Mark J. Henson
 Full Name (Last, First, Middle Initial)
 Mailing Address Field Foot & Ankle Clinic
 730 S. 8th St.
 City Griffin State GA Zip Code 30224-4827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Field Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : 20492644
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	435.00
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 22 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Robert J. Warkala
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Harrowgate Dr.
 City State Zip Code
 Cherry Hill NJ 08003-1938
 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 ▼
 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : 20492647
 Amount of Each Receipt this Period
 100.00

B. Dr. Aniello Scotti Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 484 William Floyd Pkwy.
 City State Zip Code
 Shirley NY 11967-3415
 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 ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : 20492873
 Amount of Each Receipt this Period
 25.00

C. Dr. Liana G. Seldin
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Meridian Ave. #10
 City State Zip Code
 Miami Beach FL 33139-8713
 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 ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : 20492874
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 23 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Joseph Christopher Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Philadelphia Ave.
 City Shillington State PA Zip Code 19607-2769
 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 **275.00**

Date of Receipt **11 / 25 / 2012**
Transaction ID : 20492905
 Amount of Each Receipt this Period **250.00**

B. Dr. Georgina A. Asante
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 10th Ave. #305
 City Columbus State GA Zip Code 31901-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **495.00**

Date of Receipt **11 / 25 / 2012**
Transaction ID : 20492906
 Amount of Each Receipt this Period **45.00**

C. Dr. David M. Moss
 Full Name (Last, First, Middle Initial)
 Mailing Address 4740 Bonnie Ct.
 City West Bloomfield State MI Zip Code 48322-4467
 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 **400.00**

Date of Receipt **11 / 26 / 2012**
Transaction ID : 20493173
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	7748.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For John Olver For Congress

Mailing Address P.O. Box 819

City Amherst State MA Zip Code 01004

Purpose of Disbursement
Void - Citizens For John Olver For Congress

011

Category/
Type

Candidate Name

Rep. John Walter Olver

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : 20463798

Amount of Each Disbursement this Period

-3000.00

Void - Citizens For John Olver For Congress

Full Name (Last, First, Middle Initial)

B. Charles A. Gonzalez Congressional Campaign

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
Void - Charles A. Gonzalez Congressional Campaign

011

Category/
Type

Candidate Name

Rep. Charlie A. Gonzalez

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2012			

Transaction ID : 20463799

Amount of Each Disbursement this Period

-3000.00

Void - Charles A. Gonzalez Congressional Campaign

Full Name (Last, First, Middle Initial)

C. Citizens To Elect Phil Roe To Congress

Mailing Address PO Box 3218

City Johnson City State TN Zip Code 37602

Purpose of Disbursement
Void - Citizens To Elect Phil Roe To Congress

011

Category/
Type

Candidate Name

Rep. David Phillip Roe

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : 20472865

Amount of Each Disbursement this Period

-2000.00

Void - Citizens To Elect Phil Roe To Congress

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

-8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Costello For Congress Committee

Mailing Address P. O. Box 8250

City State Zip Code
Belleville IL 62222

Purpose of Disbursement
Void - Costello For Congress Committee

011

Candidate Name

Rep. Jerry F. Costello

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2012			

Transaction ID : 20488027

Amount of Each Disbursement this Period

-300.00

Void - Costello For Congress Committee

Full Name (Last, First, Middle Initial)

B. Rob Andrews U.S. House Committee

Mailing Address 215 Fourth Avenue

City State Zip Code
Haddon Heights NJ 07076

Purpose of Disbursement
Funds Reported On July 20 Monthly Report

011

Candidate Name

Rep. Robert E. Andrews

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2012			

Transaction ID : 20547196

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Funds Reported On July 20 Monthly Report

Full Name (Last, First, Middle Initial)

C. Rob Andrews U.S. House Committee

Mailing Address 215 Fourth Avenue

City State Zip Code
Haddon Heights NJ 07076

Purpose of Disbursement
Re-designated funds for trans. dated 06/05/2012

011

Candidate Name

Rep. Robert E. Andrews

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

Transaction ID : 20547197

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for trans. dated 06/05/2012

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

-300.00

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

-8300.00
