

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on: 10/25/2012

5. Covering Period 10/01/2012 through 10/17/2012

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 10/25/2012

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.....	236089.16	
(c) Total Receipts (from Line 19)	7587.00	384481.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	243676.16	785589.16
7. Total Disbursements (from Line 31).....	54000.00	595913.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	189676.16	189676.16
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

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3737.00	247349.00
(ii) Unitemized	1350.00	134132.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5087.00	381481.00
(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)	5087.00	381481.00
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.....	2500.00	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))..... ▶	7587.00	384481.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7587.00	384481.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	54000.00	592500.00
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)) ..	54000.00	595913.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54000.00	595913.00

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)	5087.00	381481.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5087.00	379231.00
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 19
	<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. Paul Davis Brooks

Full Name (Last, First, Middle Initial)
 Mailing Address 9290 Baldrige Dr.

City Pensacola State FL Zip Code 32514-5505

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : 20396423

Amount of Each Receipt this Period
300.00

B. Dr. Joseph M. Hughes

Full Name (Last, First, Middle Initial)
 Mailing Address Los Alamitos Foot Center
 10961 Cherry St.

City Los Alamitos State CA Zip Code 90720-2452

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

Name of Employer Los Alamitos Foot Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : 20396424

Amount of Each Receipt this Period
150.00

C. Dr. Joseph William Bonura

Full Name (Last, First, Middle Initial)
 Mailing Address 226-A St. Joe Plaza Dr. #127

City Palm Coast State FL Zip Code 32164-3615

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 01 / 2012

Transaction ID : 20396428

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 19
	<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 Anthony Scalzo
Full Name (Last, First, Middle Initial)

Mailing Address 101 York Ave.

City West Pittston State PA Zip Code 18643-2432

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 / 01 / 2012
Transaction ID : 20396504

Amount of Each Receipt this Period 250.00

B. 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 ▼ 400.00

Date of Receipt 10 / 02 / 2012
Transaction ID : 20398410

Amount of Each Receipt this Period 100.00

C. Mr. Peter Stein
Full Name (Last, First, Middle Initial)

Mailing Address 1164 Silver Beech Road

City Herndon State VA Zip Code 20170-2328

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

Name of Employer American Podiatric Medical Association Occupation Director of Legislative Advocacy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2012
Transaction ID : 20401349

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<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. 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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 06 / 2012
Transaction ID : 20405235
 Amount of Each Receipt this Period
 150.00

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 ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2012
Transaction ID : 20405241
 Amount of Each Receipt this Period
 42.00

C. Dr. Stephen S. Pirota
 Full Name (Last, First, Middle Initial)
 Mailing Address Advanced Foot & Ankle Clinics
 903 S.E. 22nd St. #1
 City Bentonville State AR Zip Code 72712-4196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Foot & Ankle Clinics
 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 / 08 / 2012
Transaction ID : 20405243
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	242.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. 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 **450.00**

Date of Receipt **10 / 09 / 2012**
Transaction ID : 20424620
 Amount of Each Receipt this Period **500.00**

B. 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 **500.00**

Date of Receipt **10 / 09 / 2012**
Transaction ID : 20424621
 Amount of Each Receipt this Period **350.00**

C. 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 **1000.00**

Date of Receipt **10 / 10 / 2012**
Transaction ID : 20424820
 Amount of Each Receipt this Period **100.00**

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 10 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Bryan James Prukop		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2012 Transaction ID : 20429815
Mailing Address Complete Family Foot Care 812 Lindberg Ave.		Amount of Each Receipt this Period 500.00
City McAllen	State TX	
Zip Code 78501-2930		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Complete Family Foot Care	Occupation Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dr. Holly A. Spohn-Gross		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 13 / 2012 Transaction ID : 20435867
Mailing Address 6425 Lynch Canyon Dr.		Amount of Each Receipt this Period 50.00
City Lake Isabella	State CA	
Zip Code 93240-9726		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Rural Health Clinic/Kern Valley Hosp.	Occupation Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dr. Scot Francis Bertolo		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 13 / 2012 Transaction ID : 20435869
Mailing Address 4475 N. High St.		Amount of Each Receipt this Period 25.00
City Columbus	State OH	
Zip Code 43214-2637		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Internist Associates of Central NY	Occupation Podiatric Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	575.00
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 19
	<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. John Joseph Anderson
Full Name (Last, First, Middle Initial)

Mailing Address Alamogordo Orthopaedics
2301 Indian Wells Rd. #A

City Alamogordo State NM Zip Code 88310-4611

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

Name of Employer Alamogordo Orthopaedics Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 12 / 2012
Transaction ID : 20439496

Amount of Each Receipt this Period
500.00

B. 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 ▼
260.00

Date of Receipt
10 / 16 / 2012
Transaction ID : 20442569

Amount of Each Receipt this Period
20.00

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 ▼
400.00

Date of Receipt
10 / 17 / 2012
Transaction ID : 20445265

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 620.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 19
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Dr. Kenneth L. Hobbs

Mailing Address 714 Fairlawn Rd.

City Topeka	State KS	Zip Code 66606-2337
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	15	/	2012

Transaction ID : 20447077

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	3737.00

**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 13 OF 19
<input 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Committee To Elect Gary L. Ackerman, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 100 Jericho Quadrangle # 233

City Jericho State NY Zip Code 11753

FEC ID number of contributing federal political committee. **C** C00165241

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2012

Transaction ID : 20439819

Amount of Each Receipt this Period
 2500.00

Refund of Contribution

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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. National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement
Void - NRCC lost the check

011

Category/
Type

Candidate Name

National Republican Congressional Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2012

Transaction ID : 20401088

Amount of Each Disbursement this Period

-15000.00

Void - NRCC lost the check

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement
re-issued check for contribution made in July

011

Category/
Type

Candidate Name

National Republican Congressional Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2012

Transaction ID : 20401089

Amount of Each Disbursement this Period

15000.00

re-issued check for contribution made in July

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tim F. Murphy

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2012

Transaction ID : 20407273

Amount of Each Disbursement this Period

4000.00

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

4000.00

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

**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. Becerra for Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

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

Transaction ID : 20439527

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Benishek For Congress, Inc.

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Dan Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

Transaction ID : 20439528

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Judy Biggert For Congress

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Judy Biggert

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

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

Transaction ID : 20439531

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian Bilbray For Congress

Mailing Address 991c Lomas Santa Fe Drive
192

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Brian P. Bilbray

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 20439533

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Mary Bono Mack Committee

Mailing Address PO Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Mary Bono Mack

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 20439534

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. Md For Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Charles W. Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 20439543

Amount of Each Disbursement this Period

4000.00

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

10500.00

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

**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. Scott Brown For Us Senate Committee

Mailing Address P.O. Box 395

City Wrentham State MA Zip Code 02903

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Scott Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : 20439601

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Gary Delong

Mailing Address 30151 Tomas

City Rnchostamargarita State CA Zip Code 92688

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Gary Delong

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : 20439602

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Joyce

Mailing Address 320 Kenarden Dr

City Highland Hts State OH Zip Code 44143

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. David Joyce

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : 20439653

Amount of Each Disbursement this Period

1,500.00

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

7,500.00

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

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

Full Name (Last, First, Middle Initial)

A. King For Congress

Mailing Address 116 N Main St.
PO Box 400

City Early State IA Zip Code 50535

Purpose of Disbursement

011

Candidate Name

Rep. Steve A. King

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 20439654

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

Rep. Thomas Edmunds Price M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 20439660

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends Of Trey Radel, Inc.

Mailing Address P.O. Box 1329

City Fort Myers State FL Zip Code 33902

Purpose of Disbursement

011

Candidate Name

Mr. Henry Radel

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2012

Transaction ID : 20439661

Amount of Each Disbursement this Period

1500.00

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

4500.00

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

**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. Ribble For Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Reid Ribble

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

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

Transaction ID : 20439662

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Fortney Peter Stark

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

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

Transaction ID : 20439664

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Henry A. Waxman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

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

Transaction ID : 20439666

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	4	0	0	0	0	0	0	0	0
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