

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines

12FE4M5

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street)

9312 Old Georgetown Road

(Check if address is changed)

Bethesda

MD

20814

1698

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

fbfrankfort@apma.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE  /  /

3. FEC IDENTIFICATION NUMBER

C C00008839

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer Dr. William Dabdoub, DPM

Signature of Treasurer Electronically Filed by Dr. William Dabdoub, DPM

Date  /  /  07 / 23 / 2010

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____	FEC ID number	<b>C</b> <input type="text"/>
2. _____	FEC ID number	<b>C</b> <input type="text"/>
3. _____	FEC ID number	<b>C</b> <input type="text"/>
4. _____	FEC ID number	<b>C</b> <input type="text"/>

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**American Podiatric Medical Association**

Mailing Address **9213 Old Georgetown Road**

**Bethesda** **MD** **20814**

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

- Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mr. Benjamin Wallner**

Mailing Address **9312 Old Georgetown Road**

**Bethesda** **MD** **20814**

CITY ▲ STATE ▲ ZIP CODE ▲

**Assistant Director,** Telephone number **301** - **581** - **9231**

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Dr. William Dabdoub, DPM**

Mailing Address **108 Smart Place**

**Slidell** **LA** **70458**

CITY ▲ STATE ▲ ZIP CODE ▲

**Podiatrist** Telephone number **985** - **649** - **0002**

Full Name of Designated Agent

Faye Frankfort

Mailing Address

American Podiatric Medical Associa

9312 Old Georgetown Road

Bethesda

MD

20814

Title or Position

CITY

STATE

ZIP CODE

Director, Legislativ

Telephone number

301

571

9000

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address

NC6022

PO Box 3099

Winston-Salem

NC

27101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

A. Form/Schedule : **F1N**  
Transaction ID :

On 07/17/2010 the APMAPAC Board of Directors elected a new Treasurer, Dr. William A. Dabdoub. This amended Statement of Organization serves as formal notification of that change.