

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 12 01 2009 through 12 31 2009

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

Type or Print Name of Treasurer Dr. Barney Greenberg, DPM

Signature of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM Date 01 29 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		322169.33
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	343436.85									
(c) Total Receipts (from Line 19)	22119.00	443225.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	365555.85	765394.83								
7. Total Disbursements (from Line 31)	22500.00	415863.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	343055.85	349530.85								
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)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	11755.00	272298.00
(ii) Unitemized	10364.00	168927.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22119.00	441225.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22119.00	442225.50
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22119.00	443225.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22119.00	443225.50

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	61906.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	61906.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	352960.25
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	212.50
(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	212.50
29. Other Disbursements.....	0.00	785.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22500.00	415863.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22500.00	415863.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	22119.00	442225.50
34. Total Contribution Refunds (from Line 28(d))	0.00	212.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22119.00	442013.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	61906.23
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	61906.23

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24

(check only one)

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

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

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

A.

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

Mailing Address Falmouth Podiatry
342A Gifford St.

City Falmouth State MA Zip Code 02540-2948

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

Name of Employer Falmouth Podiatry Occupation Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17746963

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 4540 Kalamazoo Ave. S.E.

City Kentwood State MI Zip Code 49508-4625

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
1 2 / 0 1 / 2 0 0 9

Transaction ID: 17746965

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. James V. Stelnicki

Mailing Address 3473 Tidewater Dr.

City Weeki Wachee State FL Zip Code 34607-1045

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

Name of Employer Self-Employed Occupation Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17746966

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 165 Pheasant Fields Ln

City State Zip Code
Moorestown NJ 08057-2116

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

Name of Employer Ankle & Foot Medical Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 17746967

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Barry Saffran

Mailing Address 5949 Farview Woods Dr.

City State Zip Code
Fairfax Station VA 22039-1426

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

Name of Employer Center for Foot & Ankle Care, P.C.
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 17746972

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Harvey R. Jacobs

Mailing Address 791 Dow Rd.

City State Zip Code
Bridgewater NJ 08807-1168

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

Name of Employer Quality Foot Care Center
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
1	2	/	0	1	/	2	0	0	9

Transaction ID: 17746976

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24
(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. William A. Harr

Mailing Address 205 Ballyshannon St. #502

City State Zip Code
Melbourne Beach FL 32951-3134

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: 17746978

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Clark P. Johnson

Mailing Address 101 Barrington Cir.

City State Zip Code
Battle Creek MI 49015-9627

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: 17746981

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Raymond J. Noonan, Jr.

Mailing Address 1072 Manning Farms Ct.

City State Zip Code
Dunwoody GA 30338-2648

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: 17746993

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **430.00**

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 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Kent S. Martin

Mailing Address 141 Stoney Creek Dr.

City State Zip Code
Florence AL 35633-1582

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Martin Foot Specialists, Inc. 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
12 / 03 / 2009

Transaction ID: 17789495

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Timothy K. Tougas

Mailing Address 46 River Dr.

City State Zip Code
Appleton WI 54915-1215

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 / D D / Y Y Y Y
12 / 07 / 2009

Transaction ID: 17801218

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven M. French

Mailing Address 15428 S. Harlem Ave.

City State Zip Code
Orland Park IL 60462-4333

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 / D D / Y Y Y Y
12 / 08 / 2009

Transaction ID: 17802110

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 24

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Mitchell Liesman

Mailing Address 1121 Delacourt Ln.

City State Zip Code
Matthews NC 28104-8742

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

Name of Employer Occupation
Mecklenburg Foot & Ankle Associates
Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17807985

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Chad A. Batzing

Mailing Address 1203 Strawberry Ln.

City State Zip Code
Big Flats NY 14814-8956

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

Name of Employer Occupation
Big Flats Podiatry
Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17807986

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. John Oknaian

Mailing Address 106 Belmont Ave.

City State Zip Code
Long Beach CA 90803-2919

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

Name of Employer Occupation
Bellwood Podiatry Group
Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17807988

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 24
(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. Leon G. Shingledecker

Mailing Address 3901 Houma Blvd. #204

City State Zip Code
Metairie LA 70006-2930

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17807991

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Gregory A. Worley

Mailing Address 694 Chambers Rd.

City State Zip Code
Walton KY 41094-9380

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

Name of Employer Northern KY Foot Specialists
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17807999

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. John Stevenson

Mailing Address 8721 north main street

City State Zip Code
Dayton OH 45415-2328

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 ▼
1900.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17808003

Amount of Each Receipt this Period
1050.00

SUBTOTAL of Receipts This Page (optional) ► **1850.00**

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 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. James Peter Ioli

Mailing Address 65 Damon Ave.

City State Zip Code
Holbrook MA 02343-1103

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

Name of Employer Occupation
Self-Employed Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17808005

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Dr. Aaron Jon Chokan

Mailing Address OH Foot & Ankle Center
1700 Boettler Rd. #150

City State Zip Code
Uniontown OH 44685-6208

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

Name of Employer Occupation
OH Foot & Ankle Center Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17808006

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Dominic Angelo Rizzo

Mailing Address 7111 E. Galbraith Rd.

City State Zip Code
Madeira OH 45243-1206

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

Name of Employer Occupation
Self-Employed Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17808007

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 950.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 24
(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. Bradley M. Mehl

Mailing Address 5519 Heatherwood Ct.

City State Zip Code
Dublin OH 43017-8227

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

Name of Employer
Self-Employed

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 17808008

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mark A. Lazar

Mailing Address 6415 Greyridge Blvd.

City State Zip Code
Indianapolis IN 46237-3145

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

Name of Employer
Greenwood Foot Clinic

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2009

Transaction ID: 17825888

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Odin De Los Reyes

Mailing Address 22 Wedge Dr.

City State Zip Code
Meriden CT 06450-6966

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

Name of Employer
Self

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2009

Transaction ID: 17825890

Amount of Each Receipt this Period
400.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 24
(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. Raymond J. Noonan, Jr.

Mailing Address 1072 Manning Farms Ct.

City State Zip Code
Dunwoody GA 30338-2648

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

Name of Employer Occupation
Self-Employed Podiatric Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 17827854

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Ms. Tracey G. Henley

Mailing Address 10310 Inwood Avenue

City State Zip Code
Silver Spring MD 20902-3860

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

Name of Employer Occupation
American Podiatric Medical Association PAC Manager

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 17827865

Amount of Each Receipt this Period
50.00

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

Mailing Address 4540 Kalamazoo Ave. S.E.

City State Zip Code
Kentwood MI 49508-4625

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

Name of Employer Occupation
Self-Employed Podiatric Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 17827866

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **585.00**

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Richard E. Ehle
 Mailing Address 61 Black Walnut Ln.
 City Burlington State CT Zip Code 06013-2205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT Foot Care Centers Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 12 / 28 / 2009
Transaction ID: 17837781
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael S. Schey
 Mailing Address 2922 Woodland Ridge Dr.
 City West Bloomfield State MI Zip Code 48323-3560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeside Podiatrists PC Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 12 / 28 / 2009
Transaction ID: 17837786
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Leslie P. Niehaus
 Mailing Address 8708 Bedell Rd.
 City Berlin Center State OH Zip Code 44401-8710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliance/Salem Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 12 / 05 / 2009
Transaction ID: 17839304
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00
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 16 / 24
(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. John R. Gouin

Mailing Address 15214 Cane Harbor Blvd.

City State Zip Code
Corpus Christi TX 78418-7600

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17839906

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1651 Saddle Hill Dr.

City State Zip Code
Logan UT 84321-4828

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17840101

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr. Brian H. Richman

Mailing Address 327 Windsor Ln.

City State Zip Code
Centerville UT 84014-2175

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 17840776

Amount of Each Receipt this Period
100.00

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: PAGE 17 / 24
(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. Mark F. Rogers		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address Central UT Foot & Ankle Clinic 150 W. 800 N.		Transaction ID: 17840777
City Provo	State UT	Zip Code 84601-1624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Central UT Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.

Full Name (Last, First, Middle Initial) Dr. Stanley J. Phillips		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 9712 N. Canterbury Park Cir.		Transaction ID: 17840783
City Highland	State UT	Zip Code 84003-3701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer N. Valley Surgical Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) Dr. Kim A. Halladay		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 803 Fox Run Drive		Transaction ID: 17840785
City Tooele	State UT	Zip Code 84074-1916
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Tooele Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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: PAGE 18 / 24

(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. Bryan James Prukop

Mailing Address Po Box 1100

City State Zip Code
San Benito TX 78586-0012

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

Name of Employer Occupation
Complete Family Foot Care Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 17840788

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kirk Eliel Woelffer

Mailing Address Raleigh Foot Center
P.O. Box 98209

City State Zip Code
Raleigh NC 27624-8209

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

Name of Employer Occupation
Raleigh Foot Center Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 17840790

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Myron O. Kaminsky

Mailing Address 6112 Oak Meadow Ln. N.W.

City State Zip Code
Rochester MN 55901-8818

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

Name of Employer Occupation
Olmsted Medical Center Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 17846881

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 24
(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. Raymond J. Noonan, Jr.

Mailing Address 1072 Manning Farms Ct.

City State Zip Code
Dunwoody GA 30338-2648

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 ▼
290.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 17846883

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	11755.00

**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

A.	Full Name (Last, First, Middle Initial) Victory NOW Mailing Address 10605 Concord Street Suite 202 City Kensington State MD Zip Code 20895 Purpose of Disbursement <input type="text" value="011"/> Candidate Name Victory NOW Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17753971 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/> Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
B.	Full Name (Last, First, Middle Initial) AmeriPAC Mailing Address 499 South Capitol Street, SW Suite 414 City Washington State DC Zip Code 20003 Purpose of Disbursement <input type="text" value="011"/> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 17753972 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/> Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
C.	Full Name (Last, First, Middle Initial) Citizens For Altmire Mailing Address PO Box 1776 City Freedom State PA Zip Code 15042 Purpose of Disbursement <input type="text" value="011"/> Candidate Name Rep. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04	Transaction ID: 17753973 Date of Disbursement <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 21 / 24

<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

A.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign	Transaction ID: 17753974 Date of Disbursement
	Mailing Address PO Box 3662	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Seattle State WA Zip Code 98124	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Sen. Patty Murray	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wolverine PAC	Transaction ID: 17753975 Date of Disbursement
	Mailing Address 607 14th St, NW Ste. 800	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City W State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: 17753977 Date of Disbursement
	Mailing Address P.O. Box 5458	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Rep. John M. Shimkus	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 22 / 24

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Berkley For Congress</p> <p>Mailing Address 7500 W. Lake Mead Blvd. Box9-306</p> <p>City Las Vegas State NV Zip Code 89128</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NV District: 01</p>	<p>Transaction ID: 17753978</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 07</p>	<p>Transaction ID: 17808060</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Martha Coakley For Senate Committee</p> <p>Mailing Address PO Box 220 State House Station</p> <p>City Boston State MA Zip Code 02133</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Martha Coakley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2010</p> <p>State: MA District:</p>	<p>Transaction ID: 17808061</p> <p>Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

<p>A. Full Name (Last, First, Middle Initial) Feingold Senate Committee</p> <p>Mailing Address PO Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Russell D. Feingold</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WI District:</p>	<p>Transaction ID: 17808063 Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mary Bono Committee</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Mary Bono</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 45</p>	<p>Transaction ID: 17808065 Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Courtney For Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Joseph Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 02</p>	<p>Transaction ID: 17808066 Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

A.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 17828691 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael A. Ross	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 17828692 Date of Disbursement
	Mailing Address 236 Massachusetts Ave., NE Suite 209	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Senator Christopher J. Dodd	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 17828693 Date of Disbursement
	Mailing Address 236 Massachusetts Ave., NE Suite 209	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Senator Christopher J. Dodd	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="22500.00"/>