



**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

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 .....	342091.85									
(c) Total Receipts (from Line 19) .....	17345.00	421131.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	359436.85	743300.83								
7. Total Disbursements (from Line 31) .....	16000.00	399863.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	343436.85	343436.85								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

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) .....	5850.00	260543.00
(ii) Unitemized .....	11495.00	158588.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17345.00	419131.50
(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) .....	17345.00	420131.50
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)) .....	17345.00	421131.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17345.00	421131.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	16000.00	336960.25
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))..	16000.00	399863.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	399863.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 17

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) .....	17345.00	420131.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	212.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17345.00	419919.00
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 / 17  
(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. Martha A. Jackson

Mailing Address 1305 N. Pointe Ln.

City State Zip Code  
North Little Rock AR 72118-2367

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

Name of Employer Occupation  
Crestwood Foot Clinic Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17658219

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Calvin P. Britton, III

Mailing Address 787 Buena Vista

City State Zip Code  
Hot Springs AR 71913-9605

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

Name of Employer Occupation  
Foot & Ankle Associates of Central AR Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17658221

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael K. James

Mailing Address 7703 Bowman Ln.

City State Zip Code  
Idaho Falls ID 83406-8340

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

Name of Employer Occupation  
Teton Foot & Ankle Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17658225

Amount of Each Receipt this Period  
250.00

**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: PAGE 7 / 17  
(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. Bonnie Tatar

Mailing Address 115 Cardinal Cir.

City State Zip Code  
Pittsburgh PA 15237-1067

FEC ID number of contributing federal political committee. C

Name of Employer: Tatar Podiatry Group      Occupation: Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 02 / 2009

**Transaction ID:** 17681758

Amount of Each Receipt this Period 250.00

**B.** 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 ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** 17693149

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Wesley N. Taxier

Mailing Address 1526 W. Islandia Dr.

City State Zip Code  
Gilbert AZ 85233-7013

FEC ID number of contributing federal political committee. C

Name of Employer: Hu Hu Kam Memorial Hospital      Occupation: Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** 17693151

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 / 17  
(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. Brian K. Wagner

Mailing Address 345 Hampton Ct.

City State Zip Code  
Newington CT 06111-1148

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
1	1	/	1	3	/	2	0	0	9

**Transaction ID:** 17703101

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Benedict C. Valentine, II

Mailing Address 206 Coldbrook Rd.

City State Zip Code  
South Glastonbury CT 06073-2703

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

Name of Employer Comprehensive Foot Care, LLC  
Occupation Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID:** 17703102

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David M. Moss

Mailing Address 4740 Bonnie Ct.

City State Zip Code  
West Bloomfield MI 48322-4467

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

Name of Employer Self-Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	9

**Transaction ID:** 17705710

Amount of Each Receipt this Period  
250.00

**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 9 / 17  
(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. Philip P. Alway

Mailing Address 5395 Bay Pointe Ct.

City State Zip Code  
Eureka CA 95503-2400

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Redwood Podiatry Group Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

**Transaction ID:** 17705713

Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David L. Kittelson

Mailing Address 6821 Highover Dr.

City State Zip Code  
Chanhausen MN 55317-7568

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 ▼ 500.00

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

**Transaction ID:** 17712044

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Marc A. Weiner

Mailing Address 2035 Wickford Ct.

City State Zip Code  
Bloomfield Hills MI 48304-1088

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 ▼ 350.00

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

**Transaction ID:** 17712877

Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... 550.00

**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 / 17  
(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. Jac R. Tiechner

Mailing Address 612 Daniels

City State Zip Code  
Wenatchee WA 98802-4036

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

Name of Employer Occupation  
Foot & Ankle Center of Wenatchee Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17712879

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen A. Byrne

Mailing Address 5735 Riverwood Dr.

City State Zip Code  
Atlanta GA 30328-3726

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  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17712889

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James N. Whipple

Mailing Address 48 Val Halla Rd.

City State Zip Code  
Cumberland Center ME 04021-4033

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

Name of Employer Occupation  
Self-Employed (ret) Podiatric Physician

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

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** 17714054

Amount of Each Receipt this Period  
150.00

**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 11 / 17

(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. Jane E. Andersen

Mailing Address 1906 N. Hawick Ct.

City State Zip Code  
Chapel Hill NC 27516-7787

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

Name of Employer Occupation  
Chapel Hill Foot & Ankle Assoc. Podiatric Physician

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

Date of Receipt

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

Transaction ID: 17714371

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Brian M. Brausa

Mailing Address 408 Lake St., P.O. Box 949

City State Zip Code  
Roscommon MI 48653-0949

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  
1 1 / 2 3 / 2 0 0 9

Transaction ID: 17715919

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Donald G. Hovancsek

Mailing Address 7520 Sandy Point Rd. N.E.

City State Zip Code  
Olympia WA 98516-9575

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) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 9

Transaction ID: 17718653

Amount of Each Receipt this Period

150.00

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

600.00

**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 / 17

(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. Lindsay D. Barth

Mailing Address 3120 Hawthorne Blvd.

City State Zip Code  
Saint Louis MO 63104-1606

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

Name of Employer Occupation  
Tesson Ferry Foot & Ankle 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 1 / 2 7 / 2 0 0 9

Transaction ID: 17718657

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. David William McGovern

Mailing Address 150 Kennedy Dr.

City State Zip Code  
South Burlington VT 05403-6749

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 Y  
1 1 / 2 7 / 2 0 0 9

Transaction ID: 17718662

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gene J. Pusateri

Mailing Address 33 Redfern Dr.

City State Zip Code  
Youngstown OH 44505-1651

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 Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 17720911

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 13 / 17
	(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. Tiffany A.S. Hauptman		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 1512 S. Spruce Ave.		<b>Transaction ID:</b> 17720913
City Mount Pleasant	State IA	Zip Code 52641-2731
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Dr. Jeffrey J. Rock		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 7 Alan Dr.		<b>Transaction ID:</b> 17743298
City Bristol	State RI	Zip Code 02809-3901
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Medical Associates of Rhode Island	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5850.00</b>

# 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 Castle for Senate	Transaction ID: 17684527 Date of Disbursement 11 / 04 / 2009
	Mailing Address 2 Mill Road Ste. 108	Amount of Each Disbursement this Period 2000.00
	City Wilmington State DE Zip Code 19806	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Michael Castle	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE 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) Kurt Schrader For Congress	Transaction ID: 17694286 Date of Disbursement 11 / 06 / 2009
	Mailing Address 2525 N Baker Dr	Amount of Each Disbursement this Period 1000.00
	City Canby State OR Zip Code 97013	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Kurt Schrader	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAN10	Transaction ID: 17694287 Date of Disbursement 11 / 06 / 2009
	Mailing Address 841 Bishop St. Ste 1601	Amount of Each Disbursement this Period 1000.00
	City Honolulu State HI Zip Code 96813	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Daniel K. Inouye	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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) Martin Heinrich For Congress, Inc.	Transaction ID: 17700981 Date of Disbursement 11 / 11 / 2009
	Mailing Address 2118 Central Avenue Se #71	Amount of Each Disbursement this Period 1000.00
	City Albuquerque State NM Zip Code 87106	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Martin Heinrich	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Van Hollen For Congress	Transaction ID: 17700982 Date of Disbursement 11 / 11 / 2009
	Mailing Address 10605 Concord St., Ste 202	Amount of Each Disbursement this Period 2500.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Chris Van Hollen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Schauer For Congress	Transaction ID: 17700983 Date of Disbursement 11 / 11 / 2009
	Mailing Address PO Box 100	Amount of Each Disbursement this Period 1000.00
	City Battle Creek State MI Zip Code 49016	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Mark Schauer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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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><b>A.</b> Full Name (Last, First, Middle Initial) Dina Titus For Congress</p> <p>Mailing Address P. O. Box 50614 Suite C5</p> <p>City Henderson State NV Zip Code 89016</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Dina Titus</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: 03</p>	<p><b>Transaction ID:</b> 17700984 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 7905 Malcolm Road Suite 102</p> <p>City Clinton State MD Zip Code 20735</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Steny H. Hoyer</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: MD District: 05</p>	<p><b>Transaction ID:</b> 17700985 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address 2501 Wisconsin Avenue Ste. 304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. David Lee Camp</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: MI District: 04</p>	<p><b>Transaction ID:</b> 17700986 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">4000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">6000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

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

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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><b>A.</b> Full Name (Last, First, Middle Initial) Michaud For Congress</p> <p>Mailing Address 213 Lisbon Street</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17700987 <b>Date of Disbursement</b> 11 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Akaka In 2012</p> <p>Mailing Address PO Box 3169</p> <p>City Honolulu State HI Zip Code 96802</p> <p>Purpose of Disbursement Funds Reported On May 20 Monthly Report</p> <p>Candidate Name Sen. Daniel Akaka</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17701555 <b>Date of Disbursement</b> 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>[MEMO ITEM] Funds Reported On May 20 Monthly Report</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Akaka In 2012</p> <p>Mailing Address PO Box 3169</p> <p>City Honolulu State HI Zip Code 96802</p> <p>Purpose of Disbursement Re-designated funds for trans. dated 04/30/2009</p> <p>Candidate Name Sen. Daniel Akaka</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 17701556 <b>Date of Disbursement</b> 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>[MEMO ITEM] Re-designated funds for trans. dated 04/30/2009</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	1600.00