

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 01 01 2009 through 01 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 02 19 2009

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 | | | | | | | |
|-----------------|--|--|--|--|--|--|--|

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 |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| 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" style="display: inline-table; border-collapse: collapse;"><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 | 322169.33 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 72404.00 | 72404.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 394573.33 | 394573.33 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 8000.00 | 8000.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 386573.33 | 386573.33 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| 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 | 41650.00 | 41650.00 |
| (i) Itemized (use Schedule A) | 29754.00 | 29754.00 |
| (ii) Unitemized | 71404.00 | 71404.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 1000.00 | 1000.00 |
| (c) Other Political Committees (such as PACs) | 72404.00 | 72404.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 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 | 0.00 |
| 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)) | 72404.00 | 72404.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 72404.00 | 72404.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) 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 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 8000.00 | 8000.00 |
| 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 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 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)).. | 8000.00 | 8000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8000.00 | 8000.00 |

DETAILED SUMMARY PAGE
of Disbursements

| 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 | 72404.00 | 72404.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 72404.00 | 72404.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

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

FOR LINE NUMBER: PAGE 6 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Matthew G. Garoufalis

Mailing Address 1933 Hansom Ct.

City Naperville State IL Zip Code 60565-2629

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

Name of Employer Professional Foot Care Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 02 / 2009

Transaction ID: 16199133

Amount of Each Receipt this Period 1000.00

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

Mailing Address 6100 Day Long Lane Suite 102

City Clarksville State MD Zip Code 21029-1626

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

Name of Employer Columbia Foot & Ankle Assoc. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 05 / 2009

Transaction ID: 16208206

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Gerald D. Peterson

Mailing Address 6627 Apollo Rd.

City West Linn State OR Zip Code 97068-2807

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

Name of Employer Family Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 06 / 2009

Transaction ID: 16211597

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 / 42
(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. Jonathan J. Lubitz

Mailing Address 4358 Midmost Dr.

City State Zip Code
Mobile AL 36609-5510

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2009

Transaction ID: 16212563

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael A. Haughey

Mailing Address 637 E. Matthews

City State Zip Code
Jonesboro AR 72401-3145

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

Name of Employer The Podiatry Group Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

Transaction ID: 16265067

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott Frederick Jorgensen

Mailing Address 6917 Dawson Ln.

City State Zip Code
Edina MN 55435-1601

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

Name of Employer Fairview Health Services Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 13 / 2009

Transaction ID: 16266568

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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 / 42
(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 J. Wessels

Mailing Address 2245 River View Dr.

City State Zip Code
Rock Falls IL 61071

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

Name of Employer: KSB Medical Group/Foot & Ankle Center
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 01 / 13 / 2009
Transaction ID: 16266576
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Arnold S. Beresh

Mailing Address 417 Chadwick Pl.

City State Zip Code
Newport News VA 23606-3169

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

Name of Employer: Peninsula Foot & Ankle Specialist
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 01 / 14 / 2009
Transaction ID: 16267219
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. R. Craig Martin

Mailing Address 6250 Clearview Rd.

City State Zip Code
Dover PA 17315-3206

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

Name of Employer: Martin Foot & Ankle Center
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: 16268538
 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: (check only one) | PAGE 9 / 42 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Curtis W. Long | Date of Receipt MM / DD / YYYY 01 / 15 / 2009 |
| | Mailing Address 1047 Brevor Pl. | Transaction ID: 16268542 |
| | City State Zip Code Walla Walla WA 99362-9381 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer self Occupation Podiatric Physician | Aggregate Year-to-Date 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Ruth Ann Cooper | Date of Receipt MM / DD / YYYY 01 / 15 / 2009 |
| | Mailing Address 4415 Aicholtz Rd. #200 | Transaction ID: 16268543 |
| | City State Zip Code Cincinnati OH 45245-5135 | Amount of Each Receipt this Period 1500.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer self Occupation Podiatric Physician | Aggregate Year-to-Date 1500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Michael A. Figura | Date of Receipt MM / DD / YYYY 01 / 16 / 2009 |
| | Mailing Address 5 Deerfield Ridge Rd. | Transaction ID: 16268588 |
| | City State Zip Code Chesterfield MO 63005-6201 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer County Podiatrists, Inc. Occupation Podiatric Physician | Aggregate Year-to-Date 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| 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 / 42

(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 E. Codwell, III
Mailing Address 2503 Griggs Ct.

City State Zip Code
Pearland TX 77584

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

Name of Employer Occupation
Codwell Family Foot Center, P.A. Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: 16268589

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert R. Bier
Mailing Address 16 Monica Dr.

City State Zip Code
Edison NJ 08820-3224

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

Name of Employer Occupation
self Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: 16268593

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Terry L. Spilken
Mailing Address 29 Vista Dr.

City State Zip Code
Morganville NJ 07751-1632

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

Name of Employer Occupation
self Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: 16268594

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 / 42

(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. Subodh K. Choudhary | | Date of Receipt MM / DD / YYYY 01 / 16 / 2009 | | |
| | Mailing Address 310 Raven Rd. | | Transaction ID: 16268599 | | |
| | City Greenville | State SC | Zip Code 29615 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Name of Employer Piedmont Podiatry | | Occupation Podiatric Physician | | | |
| | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Dr. Glenn B. Truskin | | Date of Receipt MM / DD / YYYY 01 / 16 / 2009 | | |
| | Mailing Address 612 Bustleton Pk. | | Transaction ID: 16268604 | | |
| | City Richboro | State PA | Zip Code 18954 | Amount of Each Receipt this Period 300.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Name of Employer Dr. Glenn B. Truskin & Associates | | Occupation Podiatric Physician | | | |
| | | Aggregate Year-to-Date ▼ 300.00 | | | |

| | | | | | |
|--|--|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Dr. Marc R. Bernbach | | Date of Receipt MM / DD / YYYY 01 / 16 / 2009 | | |
| | Mailing Address 126 Burr Hall Rd. | | Transaction ID: 16268605 | | |
| | City Middlebury | State CT | Zip Code 06762-1722 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Name of Employer Waterbury Podiatry Consultants | | Occupation Podiatric Physician | | | |
| | | Aggregate Year-to-Date ▼ 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 42
(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. Andrew C. Schink

Mailing Address 1715 Cameo

City State Zip Code
Eugene OR 97405-5897

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: 16272366

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. John E. Morehead

Mailing Address 6666 S. 76th E. Ave.

City State Zip Code
Tulsa OK 74133-1835

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2009

Transaction ID: 16272369

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert E. Sherman

Mailing Address 4640 Main St.

City State Zip Code
Stratford CT 06614-3634

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

Name of Employer self Occupation
Stratford Podiatry Associates Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: 16272378

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 / 42
(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. Scott M. Soulier

Mailing Address 10281 S. 1000 W.

City State Zip Code
South Jordan UT 84095-8826

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: 16272380

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Leslie G. Levy

Mailing Address 23501 Cinema Dr. #209

City State Zip Code
Valencia CA 91355-5430

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: 16272387

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Ira H. Kraus

Mailing Address 20 Dogwood Trl.

City State Zip Code
Ringgold GA 30736

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

Name of Employer self Occupation
Advanced Foot Care Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: 16272389

Amount of Each Receipt this Period
1000.00

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 14 / 42
(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. Craig J. McLaws | | Date of Receipt MM / DD / YYYY 01 / 20 / 2009 |
| Mailing Address The Foot Care Center 132 N. Gould St. | | Transaction ID: 16272393 |
| City Sheridan | State WY | |
| Zip Code 82801-3055 | | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer The Foot Care Center | 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. Angela P. Dominique | | Date of Receipt MM / DD / YYYY 01 / 20 / 2009 |
| Mailing Address 6244 Dorsett Woods Dr. | | Transaction ID: 16272400 |
| City Mount Olive | State AL | |
| Zip Code 35117 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Fultondale Foot Clinic | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Rosario J. LaBarbera | | Date of Receipt MM / DD / YYYY 01 / 20 / 2009 |
| Mailing Address 321 Union Brick Rd. | | Transaction ID: 16272401 |
| City Blairstown | State NJ | |
| Zip Code 07825-3411 | | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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 15 / 42

(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 C. Brace

Mailing Address 2000 N. 8th St.

City State Zip Code
McAllen TX 78501-2263

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

Name of Employer Occupation
Foot Center of McAllen 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
0 1 / 2 0 / 2 0 0 9

Transaction ID: 16272402

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael Charles Edwards, Jr.

Mailing Address 26 Partridge Cir.

City State Zip Code
Beaufort SC 29907-1234

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

Name of Employer Occupation
Podiatry 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
0 1 / 2 2 / 2 0 0 9

Transaction ID: 16277779

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Douglas T. Gillis

Mailing Address Arroyo Foot & Ankle Clinic
780 S. Walnut St. #3

City State Zip Code
Las Cruces NM 88001-1425

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

Name of Employer Occupation
Arroyo Foot & Ankle Clinic 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
0 1 / 2 2 / 2 0 0 9

Transaction ID: 16277780

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 16 / 42
(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. Hsiao-ch'un Yu

Mailing Address Arroyo Foot & Ankle Clinic
780 S. Walnut St. #3

City Las Cruces State NM Zip Code 88001-1425

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

Name of Employer Arroyo Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 22 / 2009
Transaction ID: 16277781
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. S. F. Charley Hartley

Mailing Address 2201 Juanita Ln.

City Deer Park State TX Zip Code 77536-4214

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 ▼ 500.00

Date of Receipt: 01 / 22 / 2009
Transaction ID: 16277787
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert J. Lenfestey, Sr.

Mailing Address 113 Birklands Dr.

City Cary State NC Zip Code 27511

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

Name of Employer Piedmont Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 22 / 2009
Transaction ID: 16277789
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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 / 42
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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. Frank S. Campo | | Date of Receipt MM / DD / YYYY 01 / 22 / 2009 |
| Mailing Address N. End Foot Center 260 North St. | | Transaction ID: 16277790 |
| City Boston | State MA | Zip Code 02113-2106 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer N. End Foot Center | 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. Bradley Don Beasley | | Date of Receipt MM / DD / YYYY 01 / 22 / 2009 |
| Mailing Address 1705 W. Montpelier St. | | Transaction ID: 16277791 |
| City Broken Arrow | State OK | Zip Code 74012-8597 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Metro Tulsa Foot & Ankle Specialists | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Steven A. Maffei | | Date of Receipt MM / DD / YYYY 01 / 22 / 2009 |
| Mailing Address 1 Meadowlark Ln. | | Transaction ID: 16277793 |
| City Franklin Park | State NJ | Zip Code 08823-1809 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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 18 / 42
(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. Oliver S. Foster

Mailing Address Baldwin Hills Foot & Ankle Center
3756 Santa Rosalia Dr. #302

City Los Angeles State CA Zip Code 90008-3606

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

Name of Employer Baldwin Hills Foot & Ankle Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 22 / 2009
Transaction ID: 16277798
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. William A. Campbell

Mailing Address 7446 W. Madison St.

City Forest Park State IL Zip Code 60130-1544

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

Name of Employer self
Occupation DPM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 01 / 22 / 2009
Transaction ID: 16277838
 Amount of Each Receipt this Period 450.00

C. Full Name (Last, First, Middle Initial)
Dr. Marlene Reid

Mailing Address 3446 N. Bosworth Ave.

City Chicago State IL Zip Code 60657-1304

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 ▼ 1000.00

Date of Receipt 01 / 22 / 2009
Transaction ID: 16277856
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2450.00

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 / 42
(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. Alan J. Discont

Mailing Address 9068 E. Havasupai Dr.

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer: Family Foot & Ankle Care Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 22 / 2009
Transaction ID: 16278166
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward Fryman

Mailing Address 34 Colgate Dr.

City State Zip Code
Plainview NY 11803-1804

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

Name of Employer: Seaford Foot Care Center Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 22 / 2009
Transaction ID: 16278167
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert J. Warkala

Mailing Address 445 Hurffville Crosskeys Rd. #B6

City State Zip Code
Sewell NJ 08080-2319

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 ▼ 250.00

Date of Receipt: 01 / 22 / 2009
Transaction ID: 16278168
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 20 / 42
(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. Douglas Edward Campbell

Mailing Address 4801 Fort Hamilton Parkway
Brooklyn, NY 11219

City State Zip Code
Brooklyn NY 11219-2937

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2009

Transaction ID: 16278174

Amount of Each Receipt this Period
250.00

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

Mailing Address AR Foot & Ankle Clinic
1501 Aldersgate Rd.

City State Zip Code
Little Rock AR 72205-6611

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

Name of Employer AR Foot & Ankle Clinic Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2009

Transaction ID: 16279414

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark Haas

Mailing Address 1024 Tramway Ln. N.W.

City State Zip Code
Albuquerque NM 87122-1317

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

Name of Employer Albuquerque Associated Podiatrists Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2009

Transaction ID: 16279415

Amount of Each Receipt this Period
500.00

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 21 / 42
(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. Annik Adamson

Mailing Address 4501 Hazeltine Ct. #G

City State Zip Code
Alexandria VA 22312

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

Name of Employer Occupation
A. A. 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 Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: 16279418

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Matthew L. Burrell

Mailing Address 133 Rappentak Dr. Box 427

City State Zip Code
Fryeburg ME 04037

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

Name of Employer Occupation
Lake Podiatry, PA 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
0 1 / 2 3 / 2 0 0 9

Transaction ID: 16279421

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. David P. Sheldon

Mailing Address 4001 W. Royal Dr.

City State Zip Code
Traverse City MI 49684-8965

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

Name of Employer Occupation
self 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
0 1 / 2 3 / 2 0 0 9

Transaction ID: 16279423

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 22 / 42
(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. William Charles Jones

Mailing Address 10517 S. Toledo

City State Zip Code
Tulsa OK 74137-6228

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2009

Transaction ID: 16279426

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. William N. McCann

Mailing Address 18 Jonathan Ln.

City State Zip Code
Bow NH 03304-3713

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2009

Transaction ID: 16279431

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark F. Rogers

Mailing Address Central UT Foot & Ankle Clinic
150 W. 800 N.

City State Zip Code
Provo UT 84601-1624

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

Name of Employer self Occupation
Central UT Foot & Ankle Clinic Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2009

Transaction ID: 16280706

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 23 / 42

(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. Catherine Louise Yack

Mailing Address 7847 Horseshoe Trl.

City State Zip Code
Huntsville AL 35802-3217

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 ▼ 250.00

Date of Receipt

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

Transaction ID: 16280709

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John V. Simons

Mailing Address 6321 Southwinds Dr.

City State Zip Code
North Little Rock AR 72118-5234

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

Name of Employer Central AR V.H.C.S. 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
0 1 / 2 3 / 2 0 0 9

Transaction ID: 16280727

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Takashi Pignetti

Mailing Address 20 Painted Sunset

City State Zip Code
The Woodlands TX 77380

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

Name of Employer Advanced Foot Care 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
0 1 / 2 6 / 2 0 0 9

Transaction ID: 16281757

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 24 / 42
(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. Dennis R. Frisch

Mailing Address 1070 S.W. 19th St.

City State Zip Code
Boca Raton FL 33486-6830

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

Name of Employer Occupation
Boca Raton Podiatry Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282352

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. William J. Beaton, Jr.

Mailing Address 283 104th Ave. #106

City State Zip Code
Treasure Island FL 33706-4828

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

Name of Employer Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282353

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bradley Charles Haves

Mailing Address 5840 W. Flagler St. #3

City State Zip Code
Miami FL 33144-3399

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

Name of Employer Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282354

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 25 / 42
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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. Steven M. Spinner

Mailing Address 1031 Coralina Ln.

City State Zip Code
Delray Beach FL 33483-6792

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282355

Amount of Each Receipt this Period
500.00

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

Mailing Address 11808-2 San Jose Blvd.

City State Zip Code
Jacksonville FL 32223-1862

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282356

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Marc B. Klein

Mailing Address 22125 Martella Ave.

City State Zip Code
Boca Raton FL 33433

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

Name of Employer self Occupation
The Garden Shops Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282357

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 26 / 42
(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. Linda L. Alexander

Mailing Address 2376 Foxhaven Dr. W.

City State Zip Code
Jacksonville FL 32224-2010

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282358

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen M. Meritt

Mailing Address 2636 Forest Point Ct.

City State Zip Code
Jacksonville FL 32257-5623

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282359

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph E. Kiefer

Mailing Address 4561 Canopy Rd.

City State Zip Code
Pensacola FL 32504-7801

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

Name of Employer self Occupation
Gulf Coast Podiatry Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282360

Amount of Each Receipt this Period
300.00

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 27 / 42
(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. Martin E. Karns

Mailing Address 6496 San Michel Way

City State Zip Code
Delray Beach FL 33484

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 01 / 26 / 2009
Transaction ID: 16282362
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Scarlett Ann Kinley

Mailing Address 935 23rd Ave. N.

City State Zip Code
Saint Petersburg FL 33704

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

Name of Employer Bay Area Foot & Ankle Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2009
Transaction ID: 16282363
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Samir S. Vakil

Mailing Address 25311 Narwhal Ln.

City State Zip Code
Punta Gorda FL 33983

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

Name of Employer Foot & Ankle Centers of Charlotte Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 26 / 2009
Transaction ID: 16282364
Amount of Each Receipt this Period 300.00

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 28 / 42
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr. Sheldon Willens

Mailing Address 2150 S. Ocean Blvd. #3A

City State Zip Code
Delray Beach FL 33483

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
01 / 26 / 2009

Transaction ID: 16282365

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Barry L. Efron

Mailing Address 2563 Spreading Oaks Ln.

City State Zip Code
Jacksonville FL 32223-6535

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

Name of Employer
Podiatry Associates of FL

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282366

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Stephen D. Lasday

Mailing Address W. Coast Podiatry Center
1611 53rd Ave. W.

City State Zip Code
Bradenton FL 34207-2868

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

Name of Employer
W. Coast Podiatry Center

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282367

Amount of Each Receipt this Period
300.00

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 29 / 42
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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. Thomas S. Matysik

Mailing Address 2246 Hwy. 44 W.

City State Zip Code
Inverness FL 34453-3808

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

Name of Employer self Occupation
self 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 |
| 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 9 |

Transaction ID: 16282368

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

B.

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

Mailing Address 6235 Alderwood St.

City State Zip Code
Spring Hill FL 34606

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

Name of Employer self Occupation
Foot & Ankle Care Center 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 |
| 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 9 |

Transaction ID: 16282371

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

C.

Full Name (Last, First, Middle Initial)
Dr. Mickey E. Gordon

Mailing Address 9955 Tamiami Trl. N. #1

City State Zip Code
Naples FL 34108-1914

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

Name of Employer self Occupation
self 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 |
| 0 | 1 | | 2 | 6 | | 2 | 0 | 0 | 9 |

Transaction ID: 16282372

Amount of Each Receipt this Period

| |
|--------|
| 250.00 |
|--------|

SUBTOTAL of Receipts This Page (optional)

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|--------|
| 800.00 |
|--------|

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 42
(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. Stephen L. Moss

Mailing Address 6240 Kipps Colony Ct. #205

City State Zip Code
Gulfport FL 33707-3979

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282373

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Thomas A. Berens

Mailing Address 8127 S.W. 43rd Pl.

City State Zip Code
Gainesville FL 32608-4224

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

Name of Employer Gainesville Podiatry Associates Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282374

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. W. Christopher Fleming

Mailing Address 5400 S.W. 28th Ave.

City State Zip Code
Ocala FL 34474

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
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282375

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 31 / 42
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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. Pamela J. Humpel

Mailing Address 3646 Aruba Ct.

City State Zip Code
Punta Gorda FL 33950

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

Name of Employer Occupation
Foot & Ankle Centers Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282376

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard N. Berkun

Mailing Address 1645 Quail Dr.

City State Zip Code
Sarasota FL 34231

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

Name of Employer Occupation
Cortez Podiatry Associates Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282377

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard H. Mann

Mailing Address 258 S.E. 6th Ave.

City State Zip Code
Delray Beach FL 33483-5259

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

Name of Employer Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282378

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 32 / 42
(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 Frimmel

Mailing Address 7442 Paurotis Ct.

City State Zip Code
Sarasota FL 34241

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

Name of Employer Occupation
Sarasota Footcare Center Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282379

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Maureen Troy Connelly

Mailing Address 22 S.E. 6th St.

City State Zip Code
Boca Raton FL 33432-6016

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

Name of Employer Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16282380

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kirk W. Davis

Mailing Address 44 Monroe Dr.

City State Zip Code
Chambersburg PA 17201-7914

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

Name of Employer Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 16285835

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 33 / 42
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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. George Michael Nassoor

Mailing Address 201 E. Lafayette St.

City Easton State PA Zip Code 18042-1675

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 ▼ 250.00

Date of Receipt 01 / 26 / 2009

Transaction ID: 16285836

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jack A. Koch

Mailing Address 2937 Cardamon Ln.

City Fullerton State CA Zip Code 92835-4307

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 01 / 26 / 2009

Transaction ID: 16285843

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Christopher Joseph Gauland

Mailing Address 3703 Bach Cir.

City Greenville State NC Zip Code 27858-5344

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

Name of Employer Eastern Carolina Foot & Ankle Speciali Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 28 / 2009

Transaction ID: 16298429

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 34 / 42
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
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| <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. Russell J. Barone

Mailing Address 29 Glen Crest Dr.

City State Zip Code
Arden NC 28704-3025

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

Name of Employer Occupation
Hendersonville Podiatry Podiatric Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: 16298485

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)
Dr. Evelyn M. Cloud, IV

Mailing Address 8211 Mar Del Plata St. E.

City State Zip Code
Jacksonville FL 32256-7349

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

Name of Employer Occupation
self 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
0 1 / 2 9 / 2 0 0 9

Transaction ID: 16298487

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 3590 N. 45th Ave.

City State Zip Code
Hollywood FL 33021-2450

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

Name of Employer Occupation
self 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
0 1 / 2 9 / 2 0 0 9

Transaction ID: 16298488

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1325.00

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 35 / 42
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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. Carlos Hernandez-Ortiz | | Date of Receipt MM / DD / YYYY 01 / 29 / 2009 |
| Mailing Address Urb. Quintas Del Norte D-6 2nd Street | | Transaction ID: 16298489 |
| City Bayamon | State PR | Zip Code 00961 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Clinica Del Pie De Rio Hondo | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Glenn B. Gastwirth | | Date of Receipt MM / DD / YYYY 01 / 29 / 2009 |
| Mailing Address 12401 Willow Green Ct. | | Transaction ID: 16298495 |
| City Potomac | State MD | Zip Code 20854-3044 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer American Podiatric Medical Association | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Dr. Joseph H. Strickland | | Date of Receipt MM / DD / YYYY 01 / 29 / 2009 |
| Mailing Address 2990 Longbrooke Way | | Transaction ID: 16298496 |
| City Clearwater | State FL | Zip Code 34620-1719 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer self | Occupation Podiatric Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1700.00 |
| 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 36 / 42
(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. John Stevenson
 Mailing Address 7970 N. Main St.
 City Dayton State OH Zip Code 45415-2328
 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 ▼ 250.00
 Date of Receipt 01 / 29 / 2009
Transaction ID: 16298500
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard L. Evans
 Mailing Address 39755 Murrieta Hot Springs Rd. #D1
 City Murrieta State CA Zip Code 92563-9110
 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 ▼ 250.00
 Date of Receipt 01 / 30 / 2009
Transaction ID: 16302920
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Vito N. Giardina
 Mailing Address 7707 Wisconsin Ave. #825
 City Bethesda State MD Zip Code 20814-6555
 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 ▼ 250.00
 Date of Receipt 01 / 30 / 2009
Transaction ID: 16302921
 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 37 / 42
(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"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <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. Brooke A. Bisbee

Mailing Address 1709 S. 42nd St.

City State Zip Code
Rogers AR 72758

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

Name of Employer
Family Foot Health Center, P.A.

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2009

Transaction ID: 16315575

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard Pat Mistretta

Mailing Address 1745 Riverglen Dr.

City State Zip Code
Suwanee GA 30024

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

Name of Employer
Affiliated Foot & Ankle

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2009

Transaction ID: 16315576

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Janet Simon

Mailing Address Podiatry Associates of NM
8300 Carmel Ave. N.E. #501

City State Zip Code
Albuquerque NM 87122-3125

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

Name of Employer
Podiatry Associates of NM

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2009

Transaction ID: 16315577

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 38 / 42
(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. Scott E. Hughes

Mailing Address 1060 N. Monroe St.

City State Zip Code
Monroe MI 48162-3113

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2009

Transaction ID: 16315578

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Eugene L. Nassif, Jr.

Mailing Address 4095 Hickory Hill Ln. S.E.

City State Zip Code
Cedar Rapids IA 52403-3738

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2009

Transaction ID: 16315579

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Vito J. Rizzo

Mailing Address 24 Brentwood Rd.

City State Zip Code
Bay Shore NY 11706-8011

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

Name of Employer self Occupation
self Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2009

Transaction ID: 16315580

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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 39 / 42
(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. Jodie Noll Sengstock

Mailing Address 49450 Hudson Dr.

City State Zip Code
Canton MI 48188-1979

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 |
| 0 | 1 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: 16315581
 Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Grace D. Pascual

Mailing Address 86274 Alamihi St.

City State Zip Code
Waianae HI 96792-2911

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 ▼
250.00

Date of Receipt

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

Transaction ID: 16315582
 Amount of Each Receipt this Period
250.00

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | 41650.00 |

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

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

FOR LINE NUMBER: PAGE 40 / 42
(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) Texas Podiatric Medical Association Political Action Committee | | Date of Receipt |
| | Mailing Address 918 Congress Ave. Ste. 200 | | <input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/> |
| | City Austin | State TX | Zip Code 78701 |
| | FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID: 16298490 |
| | Name of Employer | | Occupation |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period <input type="text" value="1000.00"/> | |
| | | Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="1000.00"/> |

**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) Friends For Harry Reid | Transaction ID: 16301973 Date of Disbursement 01 / 30 / 2009 |
| | Mailing Address PO Box 85223 | Amount of Each Disbursement this Period 2500.00 |
| | City Las Vegas State NV Zip Code 89185 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Sen. Harry Reid | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) Whitfield For Congress Committee | Transaction ID: 16301975 Date of Disbursement 01 / 30 / 2009 |
| | Mailing Address P.O. Box 391 | Amount of Each Disbursement this Period 1000.00 |
| | City Hopkinsville State KY Zip Code 42241 | |
| | Purpose of Disbursement | 011 Category/ Type |
| | Candidate Name Rep. Edward Whitfield | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) The Hawkeye PAC | Transaction ID: 16301976 Date of Disbursement 01 / 30 / 2009 |
| | Mailing Address PO Box 7255 | Amount of Each Disbursement this Period 2500.00 |
| | City Des Moines State IA Zip Code 50309 | |
| | Purpose of Disbursement 2009 Leadership pac contribution | 011 Category/ Type |
| | Candidate Name The Hawkeye PAC | |
| | 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) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 6000.00 |
| 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)
Kurt Schrader For Congress

Transaction ID: 16301977
Date of Disbursement

Mailing Address 2525 N Baker Dr

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

City State Zip Code
Canby OR 97013

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---------|
| 1000.00 |
|---------|

Candidate Name
Mr. Kurt Schrader

Office Sought: House Senate President
State: OR District: 05
Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Upton For All Of Us

Transaction ID: 16301980
Date of Disbursement

Mailing Address 104 Hume Avenue

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

City State Zip Code
Alexandria VA 22301

Amount of Each Disbursement this Period

Purpose of Disbursement

| |
|-------------------|
| 011 |
| Category/ Type |

| |
|---------|
| 1000.00 |
|---------|

Candidate Name
Rep. Fred Upton

Office Sought: House Senate President
State: MI District: 06
Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 2000.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|---------|
| 8000.00 |
|---------|