02/09/2010 12:36

Image# 10930313644

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		101	O (11) C1	THAIT AIT AG		a comm				Office U	lse Only		
1.	NAME OF COMMITTEE (in full			IAILING LABEL PR PRINT ♥	E) ov	cample:If typ er the lines	ing, type						
1 ,	American Podiatric M	Medical Associ	ation P	olitical Action Co	mmittee			1 1 1	1 1	1 1 1 1 1		.	l
													ı
Ш													İ
AD	DRESS (number and s	treet)	312 Old	Georgetown Ro	ad]
Г	Check if differe	nt L											J
	than previously reported. (ACC)) Be	ethesda	1					MD		20814	- <u>1698</u> - <u> </u>	
2.	FEC IDENTIFICATION	ON NUMBER	*	C	TY 🛕			S ⁻	TATE	1	ZIPCOI	DE 🛕	
	C00008839			-	IS THIS REPOR	г	NEW (N)	OR	X	AMENDED (A)	l		
4.	TYPE OF REPOR	RT (b) Moi Rep	oort E	eb 20 (M2	2)	May 20	(M5)		Aug 20 (M8)		Nov 20 (M11 (Non-Election Year Only))
	(a) Quarterly Repo	rts:	Due	e On:	ar 20 (M3	3)	Jun 20	(M6)		Sep 20 (M9)		Dec 20 (M12 (Non-Election Year Only)	2)
	April 15			Ap	or 20 (M4)	Jul 20	(M7)		Oct 20 (M10)		Jan 31 (YE)	
	Quarterly F	Report(Q1)	(c)	12-Day		Primary (1	2P)		Ger	neral (12G)		Runoff (12R)	· \
	July 15 Quarterly F	Report(Q2)	(0)	PRE-Election	H			H	1				,
	October 15 Quarterly F			Report for the:		Conventio	n (12C)		Spe	ecial (12G)			
	X January 31 Quarterly F			Elect	ion on						in the State o	of	
	July 31 Mio Report(No Year Only)	n-election	(d)	30-Day Post -Election	П	General (3	30G)		Rur	noff (30R)	П	Special (30S	3)
	Terminatio	n Report		Report for the:				. E	<u> </u>	-	: 41		1
	(TER)			Elect	ion on		L.				in the State o	of	
5.	Covering Period	12	0 1	2009		through	h	12	3 1	2009)		
l ce	ertify that I have examin	ned this Report	t and to	the best of my k	nowledge	and belief it	t is true, c	orrect ar	nd com	olete.			_
Тур	oe or Print Name of Tro	easurer <u>[</u>	Dr. Barı	ney Greenberg, D	PM								_
Sig	nature of Treasurer	Electronically	Filed b	oy Dr. Barney (Greenber	g, DPM		Da	te	02 0	9	2010	
NO	TE : Submission of fa	lse, erroneous	, or inc	omplete informati	on may s	ubject the pe	erson sigr	ing this	Report	to the penalties	s of 2 U.S	S.C 437g.	
	Office Use Only										FOR ev. 12/20		

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 25

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Podiatric Medical Association Political Action Committee D D " D 12 0 1 2009 12 3 1 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 322169.33 January 1 (b) Cash on Hand at 343436.85 Begining of Reporting Period 22119.00 443250.50 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 365555.85 765419.83 6(a) and 6(c) for Column B) 19000.00 418863.98 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 346555.85 346555.85 (subtract Line 7 from Line 6(d)) Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 25

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period:

From:

D D 0 1

Y Y W Y 2 0 0 9

To:

м м 1 2 D D 31

^Y ^Y ^Y ^Y ^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	11755.00	272298.00
	(ii) Unitemized	10364.00	168952.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	22119.00	441250.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	1000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22119.00	442250.50
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	to Federal candidates and Other Political Committees	0.00	1000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22119.00	443250.50
0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	22119.00	443250.50

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 25

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: a) Shared Federal/Non-Federal		
(6	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b	,	0.00	61906.23
(0	Expenditures Total Operating Expenditures	0.00	01900.23
(0	(add 21(a)(i), (a)(ii) and (b))	0.00	61906.23
	ransfers to Affiliated/Other Party	0.00	0.00
	ommitteesontributions to	0.00	0.00
	ederal Candidates/Committees nd Other Political Committees	19000.00	355960.25
	dependent Expenditure	0.00	0.00
5. C	se Schedule E)oordinated Expenditures Made by Party	0.00	0.00
(L	ommittees (2 U.S.C. 441a(d)) ise Schedule F)	0.00	0.00
2 1/	oan Repayments Made	0.00	0.00
O. L	оан пераушента глаче		
	oans Madeefunds of Contributions To:	0.00	0.00
). It) Individuals/Persons Other	0.00	212.50
	Than Political Committees		
(b	, , , , , , , , , , , , , , , , , , ,	0.00	0.00
(C) Other Political Committees (such as PACs)	0.00	0.00
(d	'	0.00	212.50
	(add Lines 28(a), (b), and (c))	0.00	212.50
9. O	ther Disbursements	0.00	785.00
0. F	ederal Election Activity (2 U.S.C 431(20))		
	a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. 1	Total Disbursements (add Lines 21(c), 22,		
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19000.00	418863.98
2. ·	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
	rom Line 31)	19000.00	418863.98

DETAILED SUMMARY PAGE

of Disbursements

5 / 25

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	22119.00	442250.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	212.50
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	22119.00	442038.00
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

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	nd Statements may not be sold or used by any per g the name and address of any political committee iation Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard A. Armstrong Mailing Address Falmouth Podiatry 342A Gifford St. City Falmouth FEC ID number of contributing	State Zip Code MA 02540-2948	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Michael G. David Mailing Address 4540 Kalamazoo A	Ave. S.E.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17746965
Kentwood	MI 49508-4625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. James V. Stelnicki		Date of Receipt
Mailing Address 3473 Tidewater Dr	•	12 01 2009
City Waski Washaa	State Zip Code FL 34607-1045	Transaction ID: 17746966
Weeki Wachee FEC ID number of contributing federal political committee.	FL 34607-1045	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	-0	1000.00

SCHEDULE A (FEC Form 3X)

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	'tatamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one) X 11a
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Michael S. Downey Mailing Address 165 Pheasant Fields L	.n		Date of Receipt
	City Moorestown	State NJ	Zip Code 08057-2116	Transaction ID: 17746967 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ankle & Foot Medical Cent- er Receipt For: ☐ Primary ☐ General Other (specify) ▼	, '	e Physician e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Barry Saffran Mailing Address 5949 Farview Woods	Dr.		Date of Receipt 1 2 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 17746972
	Fairfax Station FEC ID number of contributing federal political committee.	C	22039-1426	Amount of Each Receipt this Period 250.00
	Name of Employer Center for Foot & Ankle Care, P.C. Receipt For: Primary General Other (specify) ▼		on c Physician e Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Dr. Harvey R. Jacobs Mailing Address 791 Dow Rd.	1		Date of Receipt 1 2 0 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 17746976
	Bridgewater FEC ID number of contributing federal political committee.	NJ C	08807-1168	Amount of Each Receipt this Period 250.00
	Name of Employer Quality Foot Care Center	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)	•		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Associations (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to ciation Political Action Committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. William A. Harr Mailing Address 205 Ballyshannon City		Date of Receipt M
Melbourne Beach FEC ID number of contributing federal political committee.	State Zip Code FL 32951-3134 C	Transaction ID: 17746978 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Clark P. Johnson Mailing Address 101 Barrington Ci	r.	Date of Receipt 1 2 0 1 2 0 0 9
City Battle Creek FEC ID number of contributing	State Zip Code MI 49015-9627	Transaction ID: 17746981 Amount of Each Receipt this Period 150.00
Receipt For: Primary General	Occupation Podiatric Physician Aggregate Year-to-Date ▼	150.00
Full Name (Last, First, Middle Initial) Dr. Raymond J. Noonan, Jr. Mailing Address 1072 Manning Fa	300.00 rms Ct.	Date of Receipt
City Dunwoody	State Zip Code GA 30338-2648	Transaction ID: 17746993 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	
SUBTOTAL of Receipts This Page (option	nal)	430.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one) X
,	uny information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political <i>P</i>	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Kent S. Martin			Date of Receipt
	Mailing Address 141 Stoney Creek Dr.			12 03 2009
	City Florence	State AL	Zip Code 35633-1582	Transaction ID: 17789495 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Martin Foot Specialists, Inc.	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. Timothy K. Tougas Mailing Address 46 River Dr.	_I		Date of Receipt
				12 07 2009
	City Appleton	State WI	Zip Code 54915-1215	Transaction ID: 17801218 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ >.	Full Name (Last, First, Middle Initial) Dr. Steven M. French			Date of Receipt
	Mailing Address 15428 S. Harlem Ave			12 08 2009
	City Orland Park	State IL	Zip Code 60462-4333	Transaction ID: 17802110
	FEC ID number of contributing federal political committee.	C	00402-4333	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
	TOTAL This Period (last page this line numbe		<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\ \.	Full Name (Last, First, Middle Initial) Dr. Robert Mitchell Liesman Mailing Address 1121 Delacourt Ln. City	State	Zip Code	Date of Receipt 1 2 1 1 2 2 0 0 9 Transaction ID: 17807985
	Matthews FEC ID number of contributing federal political committee.	NC C	28104-8742	Amount of Each Receipt this Period 250.00
	Name of Employer Mecklenburg Foot & Ankle Associates Receipt For: Primary General Other (specify)		Physician Preserved To Part 250.00	
	Full Name (Last, First, Middle Initial) Dr. Chad A. Batzing Mailing Address 1203 Strawberry Ln.			Date of Receipt 1 2 1 1 2 2 0 0 9
	City Big Flats	State NY	Zip Code 14814-8956	Transaction ID: 17807986 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Big Flats Podiatry	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. John Oknaian Mailing Address 106 Belmont Ave.	ı		Date of Receipt 1 2 1 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 17807988
	Long Beach FEC ID number of contributing federal political committee.	CA	90803-2919	Amount of Each Receipt this Period 250.00
	Name of Employer Bellwood Podiatry Group	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Leon G. Shingledecker Mailing Address 3901 Houma Blvd. #2			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Motoirio	State LA	Zip Code 70006-2930	Transaction ID: 17807991
	Metairie FEC ID number of contributing federal political committee.	C	70006-2930	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼		on c Physician e Year-to-Date ▼ 500.00	
- З.	Full Name (Last, First, Middle Initial) Dr. Gregory A. Worley Mailing Address 694 Chambers Rd.			Date of Receipt 1 2 1 1 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 17807999
	Walton	KY	41094-9380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Northern KY Foot Speciali- sts		Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
-).	Full Name (Last, First, Middle Initial) Dr. John Stevenson			Date of Receipt
	Mailing Address 8721 north main stree	et		12 11 2009
	City	State	Zip Code	Transaction ID: 17808003
	Dayton	OH	45415-2328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1050.00
	Name of Employer Self-Employed	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1900.00]
	SUBTOTAL of Receipts This Page (optional) .			1850.00
ſ	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	for each category of the Detailed Summary Page d Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 12 / 25 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Peter Ioli Mailing Address 65 Damon Ave.		Date of Receipt
	State Zip Code	12 11 2009
City Holbrook	MA 02343-1103	Transaction ID: 17808005 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Aaron Jon Chokan		Date of Receipt
Mailing Address OH Foot & Ankle Co	150	1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Uniontown	State Zip Code OH 44685-6208	Transaction ID: 17808006
FEC ID number of contributing federal political committee.	OH 44685-6208	Amount of Each Receipt this Period 500.00
Name of Employer OH Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Dominic Angelo Rizzo		Date of Receipt
Mailing Address 7111 E. Galbraith F	Rd.	12 11 2009
City	State Zip Code	Transaction ID: 17808007
<u>Madeira</u>	OH 45243-1206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	l) >	950.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any he name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associate	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Bradley M. Mehl		Date of Receipt
Mailing Address 5519 Heatherwood C	ct.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17808008
Dublin	OH 43017-8227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Mark A. Lazar	•	Date of Receipt
Mailing Address 6415 Greyridge Blvd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17825888
Indianapolis	IN 46237-3145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Greenwood Foot Clinic	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Odin De Los Reyes		Date of Receipt
Mailing Address 22 Wedge Dr.		12 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17825890
Meriden	CT 06450-6966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Self	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1200.00)
SUBTOTAL of Receipts This Page (optional)	1	1000.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to ociation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Raymond J. Noonan, Jr. Mailing Address 1072 Manning F	arms Ct	Date of Receipt
City	State Zip Code	12 23 2009
Dunwoody	GA 30338-2648	Transaction ID: 17827854 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Tracey G. Henley		Date of Receipt
Mailing Address 10310 Inwood A	venue	12 23 2009
City Silver Spring	State Zip Code MD 20902-3860	Transaction ID: 17827865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer American Podiatric Medical Association	Occupation PAC Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Michael G. David		Date of Receipt
Mailing Address 4540 Kalamazoo	o Ave. S.E.	12 23 YYYY 12 23 2009
City	State Zip Code	Transaction ID: 17827866
Kentwood	MI 49508-4625	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opt	ional)	585.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard E. Ehle Mailing Address 61 Black Walnut Lr	n.		Date of Receipt
City Burlington	State CT	Zip Code 06013-2205	Transaction ID: 17837781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CT Foot Care Centers Receipt For: Primary General Other (specify) ▼	'	n Physician Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael S. Schey Mailing Address 2922 Woodland Richard	dge Dr.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17837786
West Bloomfield	MI	48323-3560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Lakeside Podiatrists PC		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leslie P. Niehaus	•		Date of Receipt
Mailing Address 8708 Bedell Rd.			12 05 2009
City	State	Zip Code	Transaction ID: 17839304
Berlin Center	OH	44401-8710	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Alliance/Salem Foot & Ank- le Clinic		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional			1050.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Re or for commercial purposes, other that	eports and Statements may not be sold or used by any pers an using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical	Association Political Action Committee	
Full Name (Last, First, Middle Initi Dr. John R. Gouin	al)	Date of Receipt
Mailing Address 15214 Cane		12 / 31 / 2009
City	State Zip Code	Transaction ID: 17839906
Corpus Christi	TX 78418-7600	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	7
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initi Dr. David G. Edwards	al)	Date of Receipt
Mailing Address 1651 Saddle	Hill Dr.	12 31 2009
City	State Zip Code	Transaction ID: 17840101
Logan	UT 84321-4828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1050.00	
Full Name (Last, First, Middle Initi Dr. Brian H. Richman	al)	Date of Receipt
Mailing Address 327 Windson	· Ln.	12 31 2009
City	State Zip Code	Transaction ID: 17840776
Centerville	UT 84014-2175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
	(optional)	650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persoress of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	on Political Ad	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Mark F. Rogers			Date of Receipt
Mailing Address Central UT Foot & Ank 150 W. 800 N.	de Clinic		12 31 2009
City	State	Zip Code	Transaction ID: 17840777
Provo	UT	84601-1624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Central UT Foot & Ankle Clinic	Occupation Podiatric		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		800.00	
Full Name (Last, First, Middle Initial) Dr. Stanley J. Phillips	<u>I</u>		Date of Receipt
Mailing Address 9712 N. Canterbury Pa	ark Cir.		12 31 2009
City	State	Zip Code	Transaction ID: 17840783
Highland	UT	84003-3701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer N. Valley Surgical Associ- ates	Occupation Podiatric		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Dr. Kim A. Halladay			Date of Receipt
Mailing Address 803 Fox Run Drive			12 31 2009
City	State	Zip Code	Transaction ID: 17840785
Tooele	UT	84074-1916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Tooele Foot Clinic	Occupation Podiatric		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Bryan James Prukop		Date of Receipt
Mailing Address Po Box 1100		12 31 2009
City	State Zip Code	Transaction ID: 17840788
San Benito	TX 78586-0012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Complete Family Foot Care	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kirk Eliel Woelffer		Date of Receipt
Mailing Address Raleigh Foot Cente P.O. Box 98209	r	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: 17840790
Raleigh	NC 27624-8209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Raleigh Foot Center	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Myron O. Kaminsky		Date of Receipt
Mailing Address 6112 Oak Meadow	Ln. N.W.	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 17846881
Rochester	MN 55901-8818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Olmsted Medical Center	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optiona	n	900.00

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SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	gory of the
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or use the name and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	ation Political Action Committe	ee
Full Name (Last, First, Middle Initial) Dr. Raymond J. Noonan, Jr. Mailing Address 1072 Manning Farr	ns Ct.	Date of Receipt 1 2 3 1 2 0 0 9
City	State Zip Code	Transaction ID: 17846883
Dunwoody	GA 30338-2648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	290.00

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

	PUEDOLE B (FEC	•		arate schedule(s)			R LINE eck only	NUMBE	H:		PA	GE 2	0 / 25	
	EMIZED DISBURS	_	Detailed	category of the Summary Page		$\dot{\Box}$	21b 27	22 28a	X 23	Bb	24 28c	2:	9] 2
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\rangle	American Podiatric Med	•	on Political Act	ion Committee	!									
	Full Name (Last, First, Midd Victory NOW	le Initial)						Date	action of Disb	urseme			Y * Y	1
	Mailing Address 10605 Suite 2	Concord Stre 202	et					1 [™] 2		03	ľ	20	ŏ9°	_
	City Kensington		State MD	Zip Code 20895				Amou	nt of E	ach Dis	sburser		-	io
	Purpose of Disbursement					011						2500	.00	_
	Candidate Name Victory NOW					atego Type	•							
	Office Sought: Hous Sena Pres State: District:	ite	sbursement For: Primary Other (spe	General ecify) ▼										
	Full Name (Last, First, Midd AmeriPAC	le Initial)						Date	action of Disb	urseme				_
	Mailing Address 499 S Suite	outh Capitol S	treet, SW					1 ^M 2	M /	03	/ Y	ž 0	ŏ9 [°]	
	City Washington		State DC	Zip Code 20003				Amou	nt of E	ach Dis	sburser	ment th	is Per	rio
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	Candidate Name					atego Type	-							
	Office Sought: House Sense Pres State: District:	ite	Primary Other (spe	General ecify) ▼										
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	Mailing Address PO Bo	x 1776						1 ^M 2	М /	03		20	ŏ9 Y	
	City Freedom		State PA	Zip Code 15042				Amou	nt of E	ach Dis	sburser	ment th	is Per	rio
	Purpose of Disbursement					011			-			1000	.00	_
	Candidate Name Rep. Jason Altmire					atego Type								
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CHEDULE B (FEC Form 3X	Use separate schedule(s	FOR LINE (check onl	NUMBER: PAGE 21 / 25 vone)
TEMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 36
ny Information copied from such Reports and r for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Podiatric Medical Associate	ion Political Action Committe	ee	
Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate	Campaign		Transaction ID: 17753974 Date of Disbursement
Mailing Address PO Box 3662			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Seattle	State Zip Code WA 98124		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1500.00
Candidate Name Sen. Patty Murray		Category/ Type	
Office Sought: House X Senate President	sbursement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Wolverine PAC			Transaction ID: 17753975 Date of Disbursement
Mailing Address 607 14th St, NW Ste. 800			12 0 0 3 7 2 0 0 9
City W	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement		011	2500.00
Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	sbursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Volunteers For Shimkus			Transaction ID: 17753977 Date of Disbursement
Mailing Address P.O. Box 5458			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Springfield	State Zip Code IL 62705		Amount of Each Disbursement this Period
Purpose of Disbursement		011	500.00
Candidate Name Rep. John M. Shimkus		Category/ Type	
Office Sought: X House Senate President State: IL District: 19	sbursement For: 2010 X Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (op	tional)		4500.00
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ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
/ American Podiatric Medical Association	n Political Action Committee	
Full Name (Last, First, Middle Initial) Berkley For Congress		Transaction ID: 17753978 Date of Disbursement
Mailing Address 7500 W. Lake Mead	Blvd.	1 2 0 0 3 7 2 0 0 9 Y
Box9-306 City	State Zip Code	Amount of Each Disbursement this Period
Las Vegas	NV 89128	2500.00
Purpose of Disbursement	011	
Candidate Name Rep. Shelley Berkley	Catego Type	ry/
Office Sought: X House Dis	oursement For: 2010 X Primary General Other (specify) ▼	
State: NV District: 01	case (eposity) 🔻	
Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.		Transaction ID: 17808060 Date of Disbursement
Mailing Address PO Box 682185		12 / 14 / 2009
City Franklin	State Zip Code TN 37068	Amount of Each Disbursement this Perio
Purpose of Disbursement	011	1000.00
Candidate Name Rep. Marsha Blackburn	Catego Type	-
Office Sought: X House Dis	oursement For: 2010 X Primary General	
President State: TN District: 07	Other (specify) ▼	
Full Name (Last, First, Middle Initial) Martha Coakley For Senate Committe	9	Transaction ID: 17808061 Date of Disbursement
Mailing Address PO Box 220 State H	ouse Station	12 14 7 2009
City Boston	State Zip Code MA 02133	Amount of Each Disbursement this Perio
Purpose of Disbursement		1000.00
i dipose di Disbuisement	011	rv/
Candidate Name Martha Coakley	Catego Type	
Candidate Name Martha Coakley		
Candidate Name Martha Coakley Office Sought: House X Senate President	Type pursement For: 2010 Primary General	

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TEMIZED DISBURSEMENTS		category of the Summary Page	(check on 21b 27	22 X 23 24 25 28c 29
ny Information copied from such Reports and State r for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Political Act	ion Committee	,	
Full Name (Last, First, Middle Initial) Feingold Senate Committee				Transaction ID: 17808063 Date of Disbursement
Mailing Address PO Box 620062				12 14 7 2009
City Middleton	State WI	Zip Code 53562		Amount of Each Disbursement this Period
Purpose of Disbursement			011	2000.00
Candidate Name Sen. Russell D. Feingold	sement For:	2010	Category/ Type	
	X Primary Other (spe	2010 General		
Full Name (Last, First, Middle Initial) Mary Bono Committee				Transaction ID: 17808065 Date of Disbursement
Mailing Address P.O. Box 3370				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Palm Springs	State CA	Zip Code 92263		Amount of Each Disbursement this Period
Purpose of Disbursement			011	1000.00
Candidate Name Rep. Mary Bono			Category/ Type	-
9 7	Sement For: X Primary Other (spe	2010 General		
Full Name (Last, First, Middle Initial) Courtney For Congress				Transaction ID: 17808066 Date of Disbursement
Mailing Address 38 Risley Road				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Vernon	State CT	Zip Code 06066		Amount of Each Disbursement this Perio
Purpose of Disbursement			011	1000.00
Candidate Name			Category/ Type	•
Rep. Joseph Courtney	ooment F	2010		
Office Sought: X House Disbur	x Primary Other (spe	2010 General ecify) V		

CHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE (check only	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Stater for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)			
American Podiatric Medical Association	Political Action Committee)	
Full Name (Last, First, Middle Initial) Friends of Chris Dodd			Transaction ID: 17828692 Date of Disbursement
Mailing Address 236 Massachusetts Av Suite 209	e., NE		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 1 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} $
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	1500.00
Candidate Name Senator Christopher J. Dodd		Category/ Type	
X Senate President	x Primary General Other (specify)		
State: CT District:			
Full Name (Last, First, Middle Initial) Friends of Chris Dodd			Transaction ID: 17828693 Date of Disbursement
Mailing Address 236 Massachusetts Av Suite 209	e., NE		12 M / 23 / Y 2009 Y
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Senator Christopher J. Dodd		Category/ Type	
X Senate President	sement For: 2010 Primary X General Other (specify) ▼		
State: CT District: Full Name (Last, First, Middle Initial)			
Mike Ross For Congress Committee			Transaction ID: 17995148 Date of Disbursement
Mailing Address PO Box 360			12 M / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Prescott	State Zip Code AR 71857		Amount of Each Disbursement this Period
Purpose of Disbursement Void - Mike Ross For Congress Committee		011	-1000.00
Candidate Name Rep. Michael A. Ross		Category/ Type	
Office Sought: X House Senate President State: AR District: 04	x ement For: 2010 X Primary General Other (specify)		Void - Mike Ross For Cong- ress Committee
otate. Att District. 04			
	l)		1500.00

SCHEDULE B (FEC Form 3X)	Use separate	Use separate schedule(s)			FOR LINE NUMBER: PAGE 25 / 25						
ITEMIZED DISBURSEMENTS	for each cate Detailed Sun	egory of the ((check only 21b 27		y one) 22 28a	X 23 28b	24 28c	25 29	П		
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American Podiatric Medical Association	n Political Action	Committee									
Full Name (Last, First, Middle Initial)					Trans	action ID:	179951	49			
Mike Ross For Congress Committee						of Disbursen		V V	V		
Mailing Address PO Box 360					1 ^M 2	^M / ^D 2 3	3 '	ž 0 ŏ 9)		
City Prescott		p Code 1857			Amou	nt of Each D					
Purpose of Disbursement					L.			1000.00)		
Candidate Name Rep. Michael A. Ross			01 Cate	gory/							
	ursement For:	2010	1 71	Je							
Senate President	X Primary Other (specify	General 7) ▼									
State: AR District: 04		•									
Full Name (Last, First, Middle Initial) Friends of Chris Dodd						action ID: of Disburser		51			
Mailing Address 236 Massachusetts A Suite 209	ve., NE				1 ^M 2	^M / ^D 23	B / Y	ž 0 ŏ 9) Y		
City Washington		p Code 0002			Amou	nt of Each D	Disbursem	ent this F	Perio		
Purpose of Disbursement Void - Friends of Chris Dodd			01	1	L.			1500.00)		
Candidate Name Senator Christopher J. Dodd			Cate Typ								
Office Sought: House Senate President	ursement For: X Primary Other (specify	2010 General			Void - Dodd	Friends o	f Chris				
State: CT District:	Cirici (apeciny	/ ▼									
Full Name (Last, First, Middle Initial) Friends of Chris Dodd						action ID: of Disburser		54			
Mailing Address 236 Massachusetts A	ve., NE				1 ^M 2	^M / ^D 23	B / Y	ž 0 ŏ 9	Y		
City Washington		p Code 0002			Amou	nt of Each D	Disbursem	ent this F	Peric		
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State: CT District:											
SUBTOTAL of Disbursements This Page (option	nal)			•			-1	500.00			