

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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. Randy Kaplan DPM

Signature of Treasurer Dr. Randy Kaplan DPM [Electronically Filed] Date  /  /

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		401108.16
(b) Cash on Hand at Beginning of Reporting Period.....	436474.66	
(c) Total Receipts (from Line 19) .....	11114.50	376894.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	447589.16	778002.16
7. Total Disbursements (from Line 31).....	211500.00	541913.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	236089.16	236089.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Podiatric Medical Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6142.00	243612.00
(ii) Unitemized .....	4972.50	132782.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11114.50	376394.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11114.50	376394.00
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	500.00
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 Transfers (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))..... ▶	11114.50	376894.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11114.50	376894.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	211500.00	538500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	2250.00
(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	2250.00
29. Other Disbursements .....	0.00	1163.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	211500.00	541913.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	211500.00	541913.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	11114.50	376394.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11114.50	374144.00
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 OF 59  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Charles P. Chapel**  
Mailing Address 4191 Mariner Blvd.  
City Spring Hill State FL Zip Code 34609-2470  
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 ▼ 450.00

Date of Receipt  
09 / 01 / 2012  
**Transaction ID : 20323323**  
Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Frank A. Spinosa**  
Mailing Address P.O. Box 1023  
City Shelter Island State NY Zip Code 11964-1023  
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 ▼ 750.00

Date of Receipt  
09 / 01 / 2012  
**Transaction ID : 20323324**  
Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Dr. David E. Cornell**  
Mailing Address Advanced Foot & Ankle Care  
1207 S. 13th St.  
City Omaha State NE Zip Code 68108-3501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Advanced Foot & Ankle Care Occupation Podiatric Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 02 / 2012  
**Transaction ID : 20323326**  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**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 7 OF 59
	<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. Dr. Phillip E. Ward**  
Full Name (Last, First, Middle Initial)

Mailing Address Carolina Health Care  
506 E. Cheves St.

City Florence State SC Zip Code 29506-2616

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

Name of Employer Carolina Health Care Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
09 / 04 / 2012  
**Transaction ID : 20323330**

Amount of Each Receipt this Period  
**250.00**

**B. Dr. Jay C. Goldstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 2626 N.W. 83rd Pl.

City Portland State OR Zip Code 97229-4151

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 ▼ **450.00**

Date of Receipt  
09 / 04 / 2012  
**Transaction ID : 20326870**

Amount of Each Receipt this Period  
**200.00**

**C. Dr. William H. Dabdoub**  
Full Name (Last, First, Middle Initial)

Mailing Address 108A Smart Pl.

City Slidell State LA Zip Code 70458-2040

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 ▼ **2350.00**

Date of Receipt  
09 / 06 / 2012  
**Transaction ID : 20328582**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 59
<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. Dr. Douglas T. Gillis**  
 Full Name (Last, First, Middle Initial)  
 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 **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2012  
**Transaction ID : 20328985**  
 Amount of Each Receipt this Period  
**50.00**

**B. Dr. Derek J. McCammon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9477 S.E. Emerald Loop  
 City Happy Valley State OR Zip Code 97086-8037  
 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 **378.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : 20329409**  
 Amount of Each Receipt this Period  
**42.00**

**C. Dr. Gregory W. Bryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ark LA Tex Foot Specialists, LLC  
 385 Bert Kouns #200  
 City Shreveport State LA Zip Code 71106-8158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ark LA TexFoot Specialists, LLC Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : 20330382**  
 Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **192.00**  
**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 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Dr. Michael R. Droulette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11304 Odell Farms Ct.  
 City Beltsville State MD Zip Code 20705-4106  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2012  
**Transaction ID : 20336344**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Karla L. Stipati**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 Horizon Dr. W  
 City Saint Charles State IL Zip Code 60175-6554  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012  
**Transaction ID : 20336595**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr. Holly A. Spohn-Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6425 Lynch Canyon Dr.  
 City Lake Isabella State CA Zip Code 93240-9726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rural Health Clinic/Kern Valley Hosp. Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : 20339534**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> 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 10 OF 59
	<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. Dr. Scot Francis Bertolo**  
Full Name (Last, First, Middle Initial)

Mailing Address 4475 N. High St.

City Columbus State OH Zip Code 43214-2637

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

Name of Employer Internist Associates of Central NY Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 13 / 2012  
**Transaction ID : 20339536**

Amount of Each Receipt this Period 25.00

**B. Dr. Mark H. Schlichter**  
Full Name (Last, First, Middle Initial)

Mailing Address Chapel Hill Foot & Ankle Care  
7412 Rockville Rd. #A

City Indianapolis State IN Zip Code 46214-3098

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

Name of Employer Chapel Hill Foot & Ankle Care Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 14 / 2012  
**Transaction ID : 20345248**

Amount of Each Receipt this Period 300.00

**C. Dr. Jan David Tepper**  
Full Name (Last, First, Middle Initial)

Mailing Address 984 W. Foothill Blvd. #B

City Upland State CA Zip Code 91786-3787

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 09 / 14 / 2012  
**Transaction ID : 20345250**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 11 OF 59
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (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. Dr. Phyllis A. Weinstein
Full Name (Last, First, Middle Initial)
Mailing Address 5104 Densmore Ave.
City Encino State CA Zip Code 91436-1550
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 240.00

Date of Receipt
09 / 16 / 2012
Transaction ID : 20345383
Amount of Each Receipt this Period 200.00

B. Dr. Brian D. Gale
Full Name (Last, First, Middle Initial)
Mailing Address Dakota Foot & Ankle
1733 E. Capitol Ave. #101
City Bismarck State ND Zip Code 58501-5620
FEC ID number of contributing federal political committee. C
Name of Employer Dakota Foot & Ankle
Occupation Podiatric Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt
09 / 16 / 2012
Transaction ID : 20345390
Amount of Each Receipt this Period 300.00

C. Dr. Jason Ray Surratt
Full Name (Last, First, Middle Initial)
Mailing Address Westside Foot & Ankle Specialists
9900 S.W. Hall Blvd. #100
City Tigard State OR Zip Code 97223-5838
FEC ID number of contributing federal political committee. C
Name of Employer Westside Podiatry Clinic
Occupation Podiatric Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt
09 / 17 / 2012
Transaction ID : 20345401
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 420.00
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 12 OF 59
	<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. Dr. Michael R. Droulette**  
Full Name (Last, First, Middle Initial)

Mailing Address 11304 Odell Farms Ct.

City Beltsville State MD Zip Code 20705-4106

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 ▼ **450.00**

Date of Receipt **09 / 18 / 2012**

**Transaction ID : 20349156**

Amount of Each Receipt this Period **150.00**

**B. Dr. Jeffrey Frederick**  
Full Name (Last, First, Middle Initial)

Mailing Address 30005 Forest Dr.

City Franklin State MI Zip Code 48025-1580

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 ▼ **700.00**

Date of Receipt **09 / 19 / 2012**

**Transaction ID : 20350081**

Amount of Each Receipt this Period **100.00**

**C. Dr. Steven E. Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 44444 16th St. W #103

City Lancaster State CA Zip Code 93534-2840

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 ▼ **350.00**

Date of Receipt **09 / 19 / 2012**

**Transaction ID : 20350082**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 59		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Dr. Francis John Rottier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2160 S. 1st Ave.  
 City Maywood State IL Zip Code 60153-3328  
 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 **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : 20350083**  
 Amount of Each Receipt this Period  
**125.00**

**B. Dr. Andrew J. Schneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Tanglewood Foot Specialists  
 1011 Augusta Dr. #202  
 City Houston State TX Zip Code 77057-2060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tanglewood Foot Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **510.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : 20358946**  
 Amount of Each Receipt this Period  
**85.00**

**C. Dr. Robert J. Warkala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 Harrowgate Dr.  
 City Cherry Hill State NJ Zip Code 08003-1938  
 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 **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : 20358950**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>310.00</b>
<b>TOTAL</b> 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 14 OF 59
	<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. Dr. Brian D. Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Middle TN Foot & Ankle Clinic  
 1215 Hatcher Ln.  
 City Columbia State TN Zip Code 38401-3531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Middle TN Foot & Ankle Clinic Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : 20358958**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Aniello Scotti Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 484 William Floyd Pkwy.  
 City Shirley State NY Zip Code 11967-3415  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2012  
**Transaction ID : 20360078**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Liana G. Seldin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Meridian Ave. #10  
 City Miami Beach State FL Zip Code 33139-8713  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2012  
**Transaction ID : 20360079**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<b>TOTAL</b> 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 15 OF 59
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joseph Christopher Smith</b>		Date of Receipt 09 / 25 / 2012 <b>Transaction ID : 20361124</b>
Mailing Address 654 Philadelphia Ave.		Amount of Each Receipt this Period 25.00
City Shillington	State PA	Zip Code 19607-2769
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Georgina A. Asante</b>		Date of Receipt 09 / 25 / 2012 <b>Transaction ID : 20361125</b>
Mailing Address 1900 10th Ave. #305		Amount of Each Receipt this Period 45.00
City Columbus	State GA	Zip Code 31901-1400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. R. Curtis Arnold</b>		Date of Receipt 09 / 21 / 2012 <b>Transaction ID : 20361167</b>
Mailing Address 417 D St.		Amount of Each Receipt this Period 300.00
City South Charleston	State WV	Zip Code 25303-3107
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> 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 16 OF 59
	<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. Dr. Jeffery H. Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Midwest Podiatry Services  
 610 S. Maple Ave. #2550  
 City Oak Park State IL Zip Code 60304-2807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Podiatry Services Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : 20362161**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Syed Khalid Husain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Midwest Foot & Ankle Clinics  
 880 W. Central Rd. #3500  
 City Arlington Heights State IL Zip Code 60005-2368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwest Foot & Ankle Clinics Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012  
**Transaction ID : 20362162**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Brian G. Orahod**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address OR Foot Specialists  
 17200 N.W. Corridor Ct. #108  
 City Beaverton State OR Zip Code 97006-3295  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OR Foot Specialists Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2012  
**Transaction ID : 20368067**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	6142.00



**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**

Full Name (Last, First, Middle Initial)

**A. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Adrian Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 20364604**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Bachus For Congress**

Mailing Address Po Box 59444

City State Zip Code  
Birmingham AL 35259

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Spencer Bachus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 20364606**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Bartlett For Congress Committee**

Mailing Address P.O. Box 245

City State Zip Code  
Middletown MD 21769

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Roscoe G. Bartlett**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 20364609**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4500.00
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**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**

Full Name (Last, First, Middle Initial)

**A. Benishek For Congress, Inc.**

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Dan Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

**Transaction ID : 20364660**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Judy Biggert For Congress**

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Judy Biggert**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

**Transaction ID : 20364665**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Brian Bilbray For Congress**

Mailing Address 991c Lomas Santa Fe Drive  
# 192

City Solana Beach State CA Zip Code 92075

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Brian P. Bilbray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

**Transaction ID : 20364667**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. Rob Bishop For Congress**

Mailing Address PO Box 2010

City State Zip Code  
Brigham City UT 84302

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Robert Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 01

Date of Disbursement

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

**Transaction ID : 20364694**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. The Freedom Project**

Mailing Address 509 7th Street, NW  
Third Floor

City State Zip Code  
Washington DC 20004

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 20364704**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends Of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City State Zip Code  
West Chester OH 45069

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John A. Boehner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

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

**Transaction ID : 20364806**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

1	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. Jo Bonner For Congress Committee**

Mailing Address P.O.Box 851232

City State Zip Code  
Mobile AL 36685

Purpose of Disbursement

011

Candidate Name

**Rep. Josiah Robins Bonner Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

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

**Transaction ID : 20364807**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mary Bono Mack Committee**

Mailing Address PO Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement

011

Candidate Name

**Rep. Mary Bono Mack**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

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

**Transaction ID : 20364894**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Boozman For Arkansas**

Mailing Address PO Box 671

City State Zip Code  
Rogers AR 72757

Purpose of Disbursement

011

Candidate Name

**Sen. John Boozman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AR District:

Date of Disbursement

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

**Transaction ID : 20364897**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	0	0	0	0	0	0	0	0	0
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4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. Md For Congress, Inc.**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20364906**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Brady For Congress**

Mailing Address P.O. Box 8277

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20364915**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Vern Buchanan For Congress**

Mailing Address P. O. Box 48928

City State Zip Code  
Sarasota FL 34230

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Vern Buchanan**

Office Sought:  House  
 Senate  
 President  
State: FL District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20364916**

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Richard Burr Committee, The**

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Richard M. Burr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

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

**Transaction ID : 20364936**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Dan Burton For Congress Committee**

Mailing Address P.O. Box 50593

City Indianapolis State IN Zip Code 46250

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Dan Burton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

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

**Transaction ID : 20364939**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Butterfield For Congress**

Mailing Address PO Box 2571

City Wilson State NC Zip Code 27894

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. George K. Butterfield**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

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

**Transaction ID : 20364940**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	3	0	0	0	0	0	0	0	0
2	3	0	0	0	0	0	0	0	0

2	3	0	0	0	0	0	0	0	0
2	3	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. Ken Calvert For Congress Committee**

Mailing Address PO Box 20123

City Riverside State CA Zip Code 92516

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ken Calvert**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 44

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20364943**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David Lee Camp**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20364944**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Tammy Baldwin For Senate**

Mailing Address P.O. Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Tammy Baldwin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20367389**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Timothy Bishop**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

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

**Transaction ID : 20367392**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Sanford Bishop For Congress**

Mailing Address P. O. Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Sanford D. Bishop Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 02

Date of Disbursement

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

**Transaction ID : 20367393**

Amount of Each Disbursement this Period

2	4	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Boswell For Congress**

Mailing Address PO Box 1814

City Des Moines State IA Zip Code 50305

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Leonard L. Boswell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

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

**Transaction ID : 20367394**

Amount of Each Disbursement this Period

3	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6	9	0	0	.	0	0
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6	9	0	0	.	0	0
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**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**

Full Name (Last, First, Middle Initial) <b>A. Bob Brady For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2012
Mailing Address 12518 Chilton Road		<b>Transaction ID : 20367395</b>
City Philadelphia	State PA	
Zip Code 19154	Purpose of Disbursement	Amount of Each Disbursement this Period 300.00
Candidate Name <b>Rep. Robert A. Brady</b>	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 01		

Full Name (Last, First, Middle Initial) <b>B. Braley For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2012
Mailing Address PO Box 390		<b>Transaction ID : 20367396</b>
City Waterloo	State IA	
Zip Code 50704	Purpose of Disbursement	Amount of Each Disbursement this Period 3000.00
Candidate Name <b>Rep. Bruce Braley</b>	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 01		

Full Name (Last, First, Middle Initial) <b>C. Cantor For Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 27 / 2012
Mailing Address P.O. Box 17813		<b>Transaction ID : 20367397</b>
City Richmond	State VA	
Zip Code 23226	Purpose of Disbursement	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Rep. Eric I. Cantor</b>	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 07		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8300.00

**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**

Full Name (Last, First, Middle Initial)

**A. Shelley Moore Capito For Congress**

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Shelley Moore Capito**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

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

**Transaction ID : 20367440**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Ben Cardin For Senate**

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Benjamin Cardin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

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

**Transaction ID : 20367441**

Amount of Each Disbursement this Period

2	4	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Russ Carnahan In Congress Committee**

Mailing Address PO Box 190033

City St Louis State MO Zip Code 63119

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Russ Carnahan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MO District: 03

Date of Disbursement

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

**Transaction ID : 20367445**

Amount of Each Disbursement this Period

1	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8	6	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Castor For Congress**

Mailing Address 301 W. Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Katherine Castor**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20367446**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Jason Chaffetz**

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jason E. Chaffetz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20367447**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ben Chandler For Congress**

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Benjamin Chandler**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2012

**Transaction ID : 20367448**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3800.00

**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**

Full Name (Last, First, Middle Initial)

**A. Judy Chu For Congress**

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Judy Chu**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : 20367449**

Amount of Each Disbursement this Period

1200.00
---------

Full Name (Last, First, Middle Initial)

**B. Costello For Congress Committee**

Mailing Address P. O. Box 8250

City Belleville State IL Zip Code 62222

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jerry F. Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 20367759**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Courtney For Congress**

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Joseph D. Courtney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 20367760**

Amount of Each Disbursement this Period

1800.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3300.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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**

Full Name (Last, First, Middle Initial)

**A. Mike Crapo For Us Senate**

Mailing Address P.O. Box 1948

City State Zip Code  
Boise ID 83701

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mike Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367761**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Defazio For Congress**

Mailing Address PO Box 1316

City State Zip Code  
Springfield OR 97477

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Peter Anthony DeFazio**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367762**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Diana Degette For Congress**

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Diana DeGette**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367763**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

**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**

Full Name (Last, First, Middle Initial)

**A. John D. Dingell For Congress**

Mailing Address 700 13th Street, Nw, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Rep. John D. Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367766**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Doggett For Us Congress**

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement

011

Candidate Name

**Rep. Lloyd Doggett**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367767**

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Doyle For Congress Committee**

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement

011

Candidate Name

**Rep. Michael F. Doyle**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367768**

Amount of Each Disbursement this Period

3	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	8	0	0	.	0	0
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4	8	0	0	.	0	0
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**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**

Full Name (Last, First, Middle Initial)

**A. Ellison For Congress**

Mailing Address PO Box 6072

City Minneapolis State MN Zip Code 55406

Purpose of Disbursement

011

Candidate Name

**Rep. Keith Ellison**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 20367769**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Renee Ellmers For Congress Committee**

Mailing Address P.O. Box 904

City Dunn State NC Zip Code 28335

Purpose of Disbursement

011

Candidate Name

**Rep. Renee Ellmers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 20367771**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Engel For Congress**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement

011

Candidate Name

**Rep. Eliot L. Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 20367772**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4300.00

**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**

Full Name (Last, First, Middle Initial)

**A. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Anna G. Eshoo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 14

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367773**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Forbes For Congress**

Mailing Address PO Box 15100

City Chesapeake State VA Zip Code 23328

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. J. Randy Forbes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367774**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Charles A. Gonzalez Congressional Campaign**

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Charlie A. Gonzalez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 20

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367775**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4400.00

**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**

Full Name (Last, First, Middle Initial)

**A. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Candidate Name

**Sen. Charles E. Grassley**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : 20367776

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. The Hawkeye PAC**

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

011

Candidate Name

**The Hawkeye PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : 20367778

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Al Green For Congress**

Mailing Address Post Office Box 20174

City Houston State TX Zip Code 77225

Purpose of Disbursement

011

Candidate Name

**Rep. Al Green**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: TX District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

Transaction ID : 20367779

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7800.00

**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**

Full Name (Last, First, Middle Initial)

**A. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gene Green**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367780**

Amount of Each Disbursement this Period

1	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Gutierrez For Congress**

Mailing Address 5310 W. Cullom Ave

City Chicago State IL Zip Code 60641

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Luis V. Gutierrez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367834**

Amount of Each Disbursement this Period

1	2	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Hastings For Congress**

Mailing Address P.O. Box 100277

City Ft. Lauderdale State FL Zip Code 33310

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Alcee L. Hastings**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367842**

Amount of Each Disbursement this Period

3	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0
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3	0	0	0	0	0
---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. ORRINPAC**

Mailing Address 175 S. West Temple, Ste 650

City State Zip Code  
Salt Lake City UT 84101

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**ORRINPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367844**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Ruben Hinojosa For Congress**

Mailing Address 502 North 11th Street

City State Zip Code  
Mcallen TX 78501

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Rep. Ruben Hinojosa**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367869**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Friends Of Mazie Hirono**

Mailing Address PO Box 677

City State Zip Code  
Honolulu HI 96809

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**Rep. Mazie Hirono**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20367880**

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5600.00

**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**

Full Name (Last, First, Middle Initial)

**A. Steve Israel For Congress Committee**

Mailing Address PO Box 777

City State Zip Code  
Deer Park NY 11729

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 20367887**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Issa For Congress**

Mailing Address P O Box 760

City State Zip Code  
Vista CA 92085

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Darrell E. Issa**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 49

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 20367888**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Jesse Jackson Jr For Congress**

Mailing Address P.O. Box 490286

City State Zip Code  
Chicago IL 60649

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jesse L. Jackson Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : 20367889**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. Walter Jones Committee**

Mailing Address PO Box 3962

City Greenville State NC Zip Code 27836

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Walter B. Jones Jr.**

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367896**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Kaptur For Congress**

Mailing Address 1841 Dority Rd

City Toledo State OH Zip Code 43615

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Marcy Kaptur**

Office Sought:  House  
 Senate  
 President  
State: OH District: 09

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367897**

Amount of Each Disbursement this Period

3	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Kind For Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President  
State: WI District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367898**

Amount of Each Disbursement this Period

9	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	7	0	0	.	0	0
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3	7	0	0	.	0	0
---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. King For Congress**

Mailing Address 116 N Main St.  
PO Box 400

City State Zip Code  
Early IA 50535

Purpose of Disbursement

011

Candidate Name

**Rep. Steve A. King**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367904**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Pete King For Congress Committee**

Mailing Address Post Office Box 1428

City State Zip Code  
Seaford NY 11783

Purpose of Disbursement

011

Candidate Name

**Rep. Peter T. King**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367905**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Langevin For Congress**

Mailing Address 181a Knight Street

City State Zip Code  
Warwick RI 02886

Purpose of Disbursement

011

Candidate Name

**Rep. James R. Langevin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367906**

Amount of Each Disbursement this Period

1	2	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	2	0	0	.	0	0
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4	2	0	0	.	0	0
---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Citizens To Elect Rick Larsen**

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement

011

Candidate Name

**Rep. Rick Larsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367908**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. John Lewis For Congress**

Mailing Address P.O. Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement

011

Candidate Name

**Rep. John Lewis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367911**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Dan Lipinski for Congress**

Mailing Address 5838 South Archer Avenue

City Chicago State IL Zip Code 60638

Purpose of Disbursement

011

Candidate Name

**Daniel Lipinski**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367914**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Lobiondo For Congress**

Mailing Address P.O. Box 550

City Vineland State NJ Zip Code 08362

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Frank A. LoBiondo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367923**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Loeb sack For Congress**

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. David Wayne Loeb sack**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367926**

Amount of Each Disbursement this Period

1	8	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Lofgren For Congress**

Mailing Address C/O Contribution Solutions, Llc  
123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Zoe Lofgren**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367927**

Amount of Each Disbursement this Period

6	0	0	.	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	9	0	0	.	0	0
---	---	---	---	---	---	---

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

4	9	0	0	.	0	0
---	---	---	---	---	---	---



**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**

Full Name (Last, First, Middle Initial)

**A. Lucas For Congress**

Mailing Address Post Office Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Frank D. Lucas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OK District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2012

**Transaction ID : 20367928**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Stephen F. Lynch For Congress Committee**

Mailing Address 105 Farragut Road

City South Boston State MA Zip Code 02127

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Stephen F. Lynch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2012

**Transaction ID : 20367930**

Amount of Each Disbursement this Period

300.00
--------

Full Name (Last, First, Middle Initial)

**C. Matheson For Congress**

Mailing Address P.O. Box 521048

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. James D. Matheson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2012

**Transaction ID : 20367931**

Amount of Each Disbursement this Period

3000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3800.00
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**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**

Full Name (Last, First, Middle Initial)

**A. Kevin Mccarthy For Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367940**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Mitch McConnell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367942**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20367946**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ►

5	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. Mcnerney For Congress**

Mailing Address 6250 Village Parkway  
Second Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement

011

Candidate Name

**Rep. Jerry McNerney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8		2	0	1	2		

**Transaction ID : 20367950**

Amount of Each Disbursement this Period

9	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Jeff Merkley for Oregon**

Mailing Address PO Box 29136

City Portland State OR Zip Code 97296

Purpose of Disbursement

011

Candidate Name

**Jeff Merkley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8		2	0	1	2		

**Transaction ID : 20367960**

Amount of Each Disbursement this Period

9	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Michaud For Congress**

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement

011

Candidate Name

**Rep. Michael H. Michaud**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8		2	0	1	2		

**Transaction ID : 20367965**

Amount of Each Disbursement this Period

1	8	0	.	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	6	0	.	0	0
---	---	---	---	---	---

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

3	6	0	.	0	0
---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Mikulski For Senate Committee**

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Barbara A. Mikulski**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	2		

**Transaction ID : 20367968**

Amount of Each Disbursement this Period

6	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Brad Miller For United States Congress**

Mailing Address PO Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Brad Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	2		

**Transaction ID : 20367971**

Amount of Each Disbursement this Period

2	4	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Candice Miller For Congress**

Mailing Address P.O. Box 182152

City Shelby Township State MI Zip Code 48318

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Candice S. Miller**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	2		

**Transaction ID : 20367979**

Amount of Each Disbursement this Period

2	5	0	.	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	5	0	.	0	0
---	---	---	---	---	---

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

5	5	0	.	0	0
---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Moore For Congress**

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement

Category/  
Type

Candidate Name

**Rep. Gwendolynne Moore**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 04

Date of Disbursement

/  /

**Transaction ID : 20367982**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Moran For Congress**

Mailing Address 311 North Washington Street  
Suite 200I

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Category/  
Type

Candidate Name

**Rep. James P. Moran**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

/  /

**Transaction ID : 20367984**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Citizens For John Olver For Congress**

Mailing Address P.O. Box 819

City Amherst State MA Zip Code 01004

Purpose of Disbursement

Category/  
Type

Candidate Name

**Rep. John Walter Olver**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

/  /

**Transaction ID : 20367998**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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**

Full Name (Last, First, Middle Initial)

**A. Rand Paul For Us Senate**

Mailing Address PO Box 72928

City Newport State KY Zip Code 41072

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Mr. Rand Paul**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368001**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Peters For Congress**

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gary C. Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368002**

Amount of Each Disbursement this Period

1	2	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Citizens For Tom Petri**

Mailing Address P.O. Box 270

City Fond Du Lac State WI Zip Code 54936

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Thomas E. Petri**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368003**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	2	0	0	0	0	0	0	0	0

5	2	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. Pingree For Congress**

Mailing Address PO Box 17613

City Portland State ME Zip Code 04112

Purpose of Disbursement

011

Candidate Name

**Rep. Chellie M. Pingree**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368004**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Candidate Name

**Rep. Joseph R. Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368010**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Bill Posey**

Mailing Address 2525 Aurora Rd. Suite 102

City Melbourne State FL Zip Code 32935

Purpose of Disbursement

011

Candidate Name

**Bill Posey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368012**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3400.00

**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**

Full Name (Last, First, Middle Initial)

**A. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011

Candidate Name

**Rep. Thomas Edmunds Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368013**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Price for Congress**

Mailing Address P.O. Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement

011

Candidate Name

**Mr. David Price**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368014**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Richardson For Congress**

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement

011

Candidate Name

**Rep. Laura Richardson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 37

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368018**

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1400.00

**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**

Full Name (Last, First, Middle Initial)

**A. Jim Risch For U S Senate Committee**

Mailing Address 5400 S Cole Road

City State Zip Code  
Boise ID 83709

Purpose of Disbursement

011

Candidate Name

**Sen. James E. Risch**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368020**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Citizens To Elect Phil Roe To Congress**

Mailing Address PO Box 3218

City State Zip Code  
Johnson City TN 37602

Purpose of Disbursement

011

Candidate Name

**Rep. David Phillip Roe**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368023**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Mike Rogers For Congress**

Mailing Address 123 East 13th Street

City State Zip Code  
Anniston AL 36201

Purpose of Disbursement

011

Candidate Name

**Rep. Michael D. Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368026**

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Hal Rogers For Congress**

Mailing Address P.O. Box 1214

City Somersset State KY Zip Code 42502

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Harold Dallas Rogers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368027**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Congressman Dana Rohrabacher**

Mailing Address PO Box 823

City Huntington Beach State CA Zip Code 92648

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Dana Rohrabacher**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368028**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Ros-Lehtinen For Congress**

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Ileana Ros-Lehtinen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368030**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	5	0	0	0	0
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2	5	0	0	0	0
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**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**

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City State Zip Code  
Wheaton IL 60187

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Peter Roskam**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368033**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Ed Royce For Congress**

Mailing Address P.O. Box 2525

City State Zip Code  
Orange CA 92859

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Edward R. Royce**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368035**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Jon Runyan For Congress, Inc**

Mailing Address PO Box 225

City State Zip Code  
Colonia NJ 07067

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Jon Runyan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368036**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	0	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
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**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**

Full Name (Last, First, Middle Initial)

**A. Dutch Ruppensberger For Congress**

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. C.A. Dutch Ruppensberger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368037**

Amount of Each Disbursement this Period

1	2	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Citizens For Rush**

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Bobby Lee Rush**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368038**

Amount of Each Disbursement this Period

3	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. Ryan For Congress**

Mailing Address P. O. Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Paul D. Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368041**

Amount of Each Disbursement this Period

2	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	5	0	0	.	0	0
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3	5	0	0	.	0	0
---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Committee To Re-Elect Linda Sanchez**

Mailing Address 1212 S. Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Linda T. Sanchez**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368191**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Schakowsky For Congress**

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Janice D. Schakowsky**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368193**

Amount of Each Disbursement this Period

2	7	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Adam B. Schiff**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368197**

Amount of Each Disbursement this Period

1	2	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	4	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	4	0	0	.	0	0
---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader For Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Kurt Schrader**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368198**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Friends Of Schumer**

Mailing Address 60 East 42nd Street Sutie 437

City New York State NY Zip Code 10165

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Charles E. Schumer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368201**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Simpson For Congress**

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael K. Simpson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368203**

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2600.00

**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**

Full Name (Last, First, Middle Initial)

**A. Sires For Congress**

Mailing Address 6050 Blvd. East

City West New York State NJ Zip Code 07093

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Albio Sires**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368204**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Louise Slaughter Re-Election Committee**

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Louise McIntosh Slaughter**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368210**

Amount of Each Disbursement this Period

6	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Committee To Reelect Congressman Chris Smith**

Mailing Address P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Christopher H. Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368212**

Amount of Each Disbursement this Period

1	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	1	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	1	0	0	.	0	0
---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Lee Terry For Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Lee Terry**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368213**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Michael Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368216**

Amount of Each Disbursement this Period

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Van Hollen For Congress**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Chris Van Hollen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368217**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8	6	0	0	0	0	0	0	0	0
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8	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**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**

Full Name (Last, First, Middle Initial)

**A. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Gregory P. Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368219**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Citizens For Waters**

Mailing Address 555 So.Flower St.,Suite 4210

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Maxine Waters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368225**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Thoroughbred PAC**

Mailing Address 499 South Capitol St. SW, Suite 42

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : 20368226**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

8	5	0	0	0	0	0	0	0	0
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**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**

Full Name (Last, First, Middle Initial)

**A. Joe Wilson For Congress Committee**

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. Joe Wilson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368261**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Wyden For Senate**

Mailing Address 232 Ne 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Sen. Ron Wyden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368303**

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**C. Yarmuth For Congress**

Mailing Address 1819 Brownsboro Road

City Louisville State KY Zip Code 40202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. John A. Yarmuth**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : 20368310**

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4400.00

**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**

Full Name (Last, First, Middle Initial)

### A. Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City St. Petersburg State FL Zip Code 33743

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Rep. C.W. Bill Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : 20368311

Amount of Each Disbursement this Period

1500.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00
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**TOTAL** This Period (last page this line number only)..... ▶

211500.00
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