04/20/2009 11:03

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2009 03 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 04 20 2009 Signature of Treasurer 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. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F		03 01 2009	To: 0 3 3 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž009		322169.33
	(b) Cash on Hand at Begining of Reporting Period	414821.33	
	(c) Total Receipts (from Line 19)	71036.50	193263.50
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	485857.83	515432.83
.	Total Disbursements (from Line 31)	44000.00	73575.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	441857.83	441857.83
١.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

0 1 3^D1 М М М М 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 133374.50 54149.50 (i) Itemized (use Schedule A) 16887.00 57889.00 (ii) Unitemized (iii) TOTAL (add 71036.50 191263.50 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 1000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 71036.50 192263.50 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 1000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 71036.50 193263.50 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 71036.50 193263.50 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 COLUMN B

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
_	Federal Candidates/Committeesand Other Political Committees	44000.00	73500.00
١.	Independent Expenditure (use Schedule E)	0.00	0.00
j.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	75.00
	Than Political Committees	0.00	75.00
	(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	75.00
9.	Other Disbursements	0.00	0.00
٥.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	44000.00	73575.00
<u>.</u>	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	44000.00	73575.00
	from Line 31)	44000.00	73373.00

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)	71036.50	192263.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	75.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	71036.50	192188.50
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

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 60 (check only one) X 11a	
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	American Podiatric Medical Associati	on Political <i>A</i>	Action Committee		
	Full Name (Last, First, Middle Initial) Dr. Jon R. Goldsmith			Date of Receipt	
	Mailing Address Foot & Ankle Center of 7337 Dodge St.	03 02 2009			
	City	State	Zip Code	Transaction ID: 16882986	
	<u>Omaha</u>	NE	68114-3613	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Foot & Ankle Specialists	Occupation Podiatric	n : Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Full Name (Last, First, Middle Initial) Dr. Joseph S. Borreggine	Date of Receipt			
	Mailing Address 353 W. Harrison Ave.	03 03 7 2009			
	City	Transaction ID: 16882994			
	Charleston IL 61 FEC ID number of contributing federal political committee.		61920-1856	Amount of Each Receipt this Period	
				500.00	
	Name of Employer Touching Ground Podiatry, P.C.	Occupation Podiatric	on : Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Full Name (Last, First, Middle Initial) Dr. John M. Wray	Date of Receipt			
	Mailing Address 916 Claremont Dr.	03 03 7 2009			
	City	State	Zip Code	Transaction ID: 16882996	
	Downers Grove	IL	60516-3541	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Name of Employer Self-Employed Occupation Podiatric Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	SUBTOTAL of Receipts This Page (optional) .			1000.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 60 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Associations (In Full)	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mackie J. Walker, Jr. Mailing Address 1168 Richardsons City	Lake Rd.	Zip Code	Date of Receipt M
Aiken FEC ID number of contributing federal political committee.	SC	29803-9293	Amount of Each Receipt this Period 250.00
Name of Employer Carolina Pod. Med. Associates Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Podiatric Aggregate		
Full Name (Last, First, Middle Initial) Dr. Charles L. Mitchell Mailing Address 1942 W. Wabansi	Date of Receipt 0 3		
City	Transaction ID: 16882999		
Chicago	IL	60622-1360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Mitchell Foot & Ankle	Occupation Podiatric	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John D. Ruff	Date of Receipt		
Mailing Address 6801 N. Ruff Ln.	03 04 2009		
City	State	Zip Code	Transaction ID: 16884121
Peoria FEC ID number of contributing federal political committee.	C	61614-2843	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatric	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	ıal)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 60 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Podiatric Medical Association	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Sharon R. Anderson Mailing Address 16976 County Rd. 82 City Newburg FEC ID number of contributing federal political committee. Name of Employer Mid-Missouri Foot & Ankle Center Receipt For:	State MO C Occupation Podiatric	Zip Code 65550 n : Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 3 / O 6 / 2 0 0 9 Transaction ID: 16893707 Amount of Each Receipt this Period 1000.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Molay Mailing Address 1345 Sunburst Ln.	0 0	1000.00	Date of Receipt
City Northbrook FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General		Zip Code 60062-4260 n Physician Year-to-Date 300.00	Transaction ID: 16893954 Amount of Each Receipt this Period 300.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Troy David Zimbelman Mailing Address 121 E. Poplar St. City Prattville FEC ID number of contributing	State AL	Zip Code 36066-3638	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)		n E Physician E Year-to-Date ▼ 250.00	250.00
SUBTOTAL of Receipts This Page (optional))	1550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 60 (check only one) X 11a			
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any pers the name and address of any political committee to ation Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Dr. Vincent J. Hetherington Mailing Address 21948 Shagbark Tri		Date of Receipt 0 3 1 0 2 0 0 9			
City Strongsville	State Zip Code OH 44149-2280	Transaction ID: 16897803 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer OH College of Pod. Med.	Occupation	250.00			
Receipt For: Primary General Other (specify)	Podiatric Physician Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Gregory T. Amarantos Mailing Address 1291 Lawrence Ave	Date of Receipt 0 3 1 0 2 0 0 9				
City	Transaction ID: 16897804				
Lake Forest FEC ID number of contributing federal political committee.	IL 60045-3639	Amount of Each Receipt this Period 500.00			
Name of Employer Amarantos Foot Center	Occupation Podiatric Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Dr. Timothy S. Grace	Dr. Timothy S. Grace				
Mailing Address 8/01 182nd St. E.	Mailing Address 8701 182nd St. E.				
City Puyallup	State Zip Code WA 98375-6240	Transaction ID: 16897805 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Podiatric Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
	l)	1000.00			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any person the name and address of any political committee to ation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kevin Naugle Mailing Address 150 Slim Ln. City Mohnton	State Zip Code PA 19540-8618	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) Dr. Cosimo A. Ricciardi Mailing Address 3781 Peachtree Wa City Niceville FEC ID number of contributing federal political committee. Name of Employer Emerald Coast Podiatry Center Receipt For: Primary General Other (specify)	y State Zip Code FL 32578-1130 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert D. Siwicki Mailing Address 4404 Windlake Dr. City Niceville FEC ID number of contributing federal political committee. Name of Employer Emerald Coast Podiatry Center Receipt For: Primary General Other (specify)	State Zip Code FL 32578-3902 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 60 (check only one) X
Ai or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associat	ion Political A	Action Committee	
٨.	Full Name (Last, First, Middle Initial) Dr. Richard A. Bellacosa			Date of Receipt
	Mailing Address 7 Tanner Woods			03 / 10 / 2009
	City San Antonio	State TX	Zip Code 78248-1629	Transaction ID: 16897811
	FEC ID number of contributing federal political committee.	C	70240-1029	Amount of Each Receipt this Period 250.00
	Name of Employer San Antonio Podiatry Asso- ciates	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Jerry W. Patterson	Date of Receipt		
	Mailing Address 110 Fawn	03 / 10 / 2009		
	City	State	Zip Code	Transaction ID: 16897812
	San Antonio FEC ID number of contributing federal political committee.	C	78231-1515	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— :.	Full Name (Last, First, Middle Initial) Dr. Todd Damien O'Brien	1		Date of Receipt
	Mailing Address P.O. Box 391			03 10 2009
	City	State	Zip Code	Transaction ID: 16897813
	West Enfield FEC ID number of contributing federal political committee.	C	04493-0391	Amount of Each Receipt this Period 300.00
	Name of Employer Self-Employed			
	Receipt For: Primary General Other (specify) ▼		e Physician e Year-to-Date ▼ 300.00	
5	SUBTOTAL of Receipts This Page (optional)			800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 60 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mand and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associat	ion Political A	action Committee	
۱.	Full Name (Last, First, Middle Initial) Dr. David Alan Yeager Mailing Address 2165 Fawn Ridge Dr.			Date of Receipt
				03 11 2009
	City Dixon	State IL	Zip Code 61021-9502	Transaction ID: 16907643 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer KSB Medical Group/Foot & Ankle Center	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Steven Joseph Merckx	Date of Receipt		
	Mailing Address 6 Drumhill Cir.			03 12 2009
	City	State	Zip Code	Transaction ID: 16908794
	Madison FEC ID number of contributing federal political committee.	C	53717-1075	Amount of Each Receipt this Period 250.00
	Name of Employer Associated Podiatrists	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Terence B. Albright			Date of Receipt
	Mailing Address 399 Berkshire Dr.			03 / 12 / 2009
	City Lake Villa	State IL	Zip Code 60046	Transaction ID: 16908795
	FEC ID number of contributing federal political committee.	C	00040	Amount of Each Receipt this Period 250.00
	Name of Employer William M. Scholl Coll of Podiatric Me	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Ę	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 60 (check only one) X
	d Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Leonard F. Pinto, Jr.		Date of Receipt
Mailing Address 7 Marie Cir.	State Zip Code	0 3 1 2 2 0 0 9 Transaction ID: 16908796
Holbrook	MA 02343-1462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mary Elizabeth Crane	Date of Receipt	
Mailing Address 2601 N. Carroll Ave.	03 / 12 / 4 9 9	
City	State Zip Code	Transaction ID: 16909823
Southlake FEC ID number of contributing federal political committee.	TX 76092-3100	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Tommy Wayne Garnett	I	Date of Receipt
Mailing Address 70 Huckleberry Ln.	03 13 2009	
City Wetumpka	State Zip Code AL 36092-5908	Transaction ID: 16909841 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·	1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 60 (check only one) X		
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Association	the name and add	dress of any political committee to	on for the purpose of soliciting contributions		
Full Name (Last, First, Middle Initial) Dr. Chantal B. Lorio Mailing Address 4424 Kawanee Ave. City Metairie	Dr. Chantal B. Lorio Mailing Address 4424 Kawanee Ave. City State Zip Code				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 1000.00		
Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Physician Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. Neil B. Levin Mailing Address 3584 Dauphine Ave	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	Transaction ID: 16911570				
Northbrook	Northbrook IL 60062-2253				
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Family Podiatry		Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]		
Full Name (Last, First, Middle Initial) Dr. Vincent L. Travisano					
Mailing Address 7509 Big Bend Blvd	Mailing Address 7509 Big Bend Blvd.				
City	State	Zip Code 63119-2103	Transaction ID: 16911572		
Webster Groves FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	n Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)		1500.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 60 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Podiatric Medical Associati	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert G. Eells		Date of Receipt
Mailing Address 7023 Oak Brook Dr. City	State Zip Code	0 3
Des Moines	IA 50322-4838	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eugene F. Sherwood Mailing Address 7475 Algonquin Dr.	. I	Date of Receipt
Mailing Address 7475 Algonquin Dr.		03 14 2009
City	State Zip Code	Transaction ID: 16911581
Cincinnati	OH 45243-3150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Eugene Sherwood DPM, Inc.	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Kendall L. Blackwell		Date of Receipt
Mailing Address 4900 Saint George's		03 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16911589
Wilson FEC ID number of contributing federal political committee.	NC 27896-9180	Amount of Each Receipt this Period 250.00
Name of Employer Wilson Podiatry Associates	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 60 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	
American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Ronald D. Jensen		Date of Receipt
Mailing Address 2609 Pinot Lane		03 / 15 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16911874
Modesto	CA 95356-0616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Gould Medical Group	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence S. MacTavish	_1	Date of Receipt
Mailing Address 1506 Grand Valley		03 / 16 / Y Y Y Y
City	State Zip Code	Transaction ID: 16911882
<u>Houston</u>	TX 77090-1052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. G. Gregg Neibauer	_1	Date of Receipt
Mailing Address 1845 Bancroft St.		03 16 2009
City	State Zip Code	Transaction ID: 16911924
Missoula	MT 59801-5747	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Alpine Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1	1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 60 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to	
American Podiatric Medical Association Full Name (Last, First, Middle Initial)	ation Political Action Committee	
Dr. Marie Delewsky Mailing Address 1480 Oak Hollow D	rive	Date of Receipt 0 3 1 6 2 0 0 9
City Milford	State Zip Code MI 48380-4263	Transaction ID: 16911956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Oakland Medical Group	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leroy J. Kelley, III Mailing Address Norwood Podiatry A	Accopiatos	Date of Receipt
24 Walpole St.		03 / 17 / 2009
City Norwood	State Zip Code MA 02062-3356	Transaction ID: 16914615 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Norwood Podiatry Associates	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Scott A. Amoss	-	Date of Receipt
Mailing Address 2022 Foxfield Cir.		03 17 2009
City <u>Wall Township</u>	State Zip Code NJ 07719-4600	Transaction ID: 16914617 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1005.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1005.00	
SUBTOTAL of Receipts This Page (optiona	1)	1755.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 60 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Matthew B. Richins			Date of Receipt
Mailing Address 4414 W. 27th St.			03 17 2009
City Joplin	State MO	Zip Code 64804-8036	Transaction ID: 16914619 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	04004 0000	300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Ronald S. Markizon	 		Date of Receipt
Mailing Address 2443 Mandism Ave.			03 17 2009
City	State	Zip Code	Transaction ID: 16914627
Vineland FEC ID number of contributing federal political committee.	NJ C	08360	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	- ' -	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Gary Adams			Date of Receipt
Mailing Address 10 Maple St. #301			03 17 2009
City Middleton	State MA	Zip Code 01949-2200	Transaction ID: 16914629
FEC ID number of contributing federal political committee.	C	01949-2200	Amount of Each Receipt this Period 255.00
Name of Employer Massachusetts Podiatric Medical Societ		e Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 255.00	
			1555.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	5	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 60 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Associations			
Full Name (Last, First, Middle Initial) Dr. John V. Guiliana			Date of Receipt
Mailing Address 488 Schooleys Mo	ountain Rd. #1B		M M / D D / Y Y Y Y Y O O O O
City Hackettstown	State NJ	Zip Code 07840-4001	Transaction ID: 16914631 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10101001	250.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan Bryan Purdy			Date of Receipt
Mailing Address 207 Estate Dr.			0 3 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: 16914633
New Iberia	LA	70563-2303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1041.00
Name of Employer Foot Specialists of Acadi- ana	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1041.00	
Full Name (Last, First, Middle Initial) Dr. John F. Grady			Date of Receipt
Mailing Address 7605 Ridgewood	Ln.		0 3 1 7 2 0 0 9
City	State	Zip Code	Transaction ID: 16914638
Burr Ridge	IL	60527-8024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (option			2291.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	name and add	dress of any political committee to	ion for the purpose of soliciting contributions o solicit contributions from such committee.
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. David B. Laha	The Control of the Co	on committee	Date of Receipt
	Mailing Address 6202 W. 132nd Ter.			03 17 2009
	City Overland Park	State KS	Zip Code 66209-3920	Transaction ID: 16914660 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00203 3320	1000.00
	Name of Employer Kansas City Foot Specialists. PA Receipt For:	, '	n : Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. James Q. McClellend Mailing Address 2002 12th Ave N.W.	#F		Date of Receipt
	City	State	Zip Code	0 3 1 7 2 0 0 9 Transaction ID: 16925396
	Ardmore	OK	73401-1206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Sandra J. Loving Mailing Address 816 Sherman Ct.			Date of Receipt 0 3 1 7 2 0 0 9
	City	State	Zip Code	Transaction ID: 16925397
	Marina	CA	93933-5041	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Palo Alto V.H.C.S.	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)	1		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associ			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Kahn Mailing Address 63 Murphy Dr.			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Rocky Hill</u>	State CT	Zip Code 06067-2910	Transaction ID: 16925400 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer CT Foot Care Centers	Occupation Podiatric F	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Michael A. Conway			Date of Receipt
Mailing Address 892 N. Broadway			03 17 2009
City	State	Zip Code	Transaction ID: 16925402
North Massapequa	NY	11758-2352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		137.50
Name of Employer Massapequa Foot Care	Occupation Podiatric F	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1137.50	
Full Name (Last, First, Middle Initial) Dr. John M. DePalma			Date of Receipt
Mailing Address 1006 Shawnee Ln.			03 18 2009
City Shamong	State NJ	Zip Code 08088-8973	Transaction ID: 16930391
FEC ID number of contributing federal political committee.	C	0008-6973	Amount of Each Receipt this Period 250.00
Name of Employer Burlington County Foot & Ankle Assoc.	Occupation Podiatric F		
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I		687.50

		for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa			COLOR CONTRIBUTION CONTRIBUTION
7 / Hillorican i Calatilo Modical / 1000014	ation i ontiodi / t		
Full Name (Last, First, Middle Initial) Dr. John Steven Steinberg			Date of Receipt
Mailing Address 12396 English Garde			03 / 18 / 2009
City	State	Zip Code	Transaction ID: 16930404
Oak Hill	VA	20171-1545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Georgetown University -	Occupation	1	
Georgetown University - Limb Center	Podiatric	Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	' '	250.00	1
Other (specify)		230.00	
Full Name (Last, First, Middle Initial) Dr. Randy K. Kaplan			Date of Receipt
Mailing Address 6578 Post Oak Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 16937957
West Bloomfield	MI	48322-3830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mrs. Candace Daly			Date of Receipt
Mailing Address 1296 W. 475 S.			03 22 2009
City	State	Zip Code	Transaction ID: 16937958
<u>Farmington</u>	UT	84025-4715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Utah Podiatric Medical As- sociation	Occupation Executive		
Receipt For:	- + +	Year-to-Date ▼	
Primary General Other (specify) ▼	. iggi ogato	250.00	
			800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 60 (check only one) X
	d Statements may not be sold or used by any personant the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Daniel L. Altchuler		Date of Receipt
Mailing Address P.O. Box 1331		03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16937959
Topanga	CA 90290-1331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Stephen C. Wan	1	Date of Receipt
Mailing Address 3221 Blume Dr.		03 22 7 2009
City	State Zip Code	Transaction ID: 16937960
Rossmoor	CA 90720-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer W. Torrance Podiatrists	Occupation	
Group	Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	,
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Bradford W. Glass		Date of Receipt
Mailing Address 4603 Island Dr.		03 22 7 2009
City	State Zip Code	Transaction ID: 16937961
Midland	TX 79707-1406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
)	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 60 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	nd Statements may not be sold or used by any persong the name and address of any political committee to iation Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Marc S. Bruell Mailing Address 1145 Ryder Rd.		Date of Receipt 0 3 2 2 2 2 0 0 9
City Chesterton	State Zip Code IN 46304-3453	Transaction ID: 16937962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Lakeshore Bone & Joint In- stitute Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Mr. Michael Q. Davis Mailing Address 757 Poplar Church	Rd.	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16937963
Camp Hill	PA 17011-2314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer Pennsylvania Podiatric Me- dical Assoc.	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Dr. Stephen D. Palmer	1	Date of Receipt
Mailing Address Columbia Foot & A 6100 Day Long Ln	. #102	03 / 22 / 2009
City <u>Clarksville</u>	State Zip Code MD 21029-1631	Transaction ID: 16939973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Columbia Foot & Ankle Assoc.	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUPTOTAL of Possints This Page (ention	al)	810.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 60 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)			
Dr. Bruce G. Blank Mailing Address Achilles Foot & Ank 92 N. 4th St. #27	le Surgery		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Marting Form	State OH	Zip Code	Transaction ID: 16939974
Martins Ferry FEC ID number of contributing federal political committee.	С	43935-1600	Amount of Each Receipt this Period 500.00
Name of Employer Achilles Foot & Ankle Sur- gery	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard S. Eisner			Date of Receipt
Mailing Address 27 Horton St.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 16939975
Salem FEC ID number of contributing federal political committee.	C	01970-2847	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert Paul Taylor			Date of Receipt
Mailing Address 10809 Canoe Rd.			03 22 2009
City	State	Zip Code	Transaction ID: 16939977
Frisco	TX	75035-7309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona			1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 60 (check only one) X
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Association	on Political A	action Committee	
	Full Name (Last, First, Middle Initial) Dr. Kirk A. Koepsel			Date of Receipt
	Mailing Address 327 Pebblebrook Dr.			03 22 2009
	City	State	Zip Code	Transaction ID: 16939981
	Seabrook	TX	77586-6010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bay Area Podiatry Associa- tes	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson	I		Date of Receipt
	Mailing Address 201 68th Pl.			03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16939982
	Kenosha	WI	53143-5137	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. William Tarran			Date of Receipt
	Mailing Address 1216 Seville Dr.			03 / 22 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16939983
	Pacifica	CA	94044-3554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed		Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional) .			1750.00

SCHEDULE A (FEC Form 3	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Podiatric Medical Assoc	lation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Harry Goldsmith		Date of Receipt
Mailing Address 19224 Trentham A	ve.	03 22 2009
City	State Zip Code	Transaction ID: 16939984
Cerritos	CA 90703-7269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Data of Pagaint
Dr. Barry E. Wesselowski Mailing Address 2901 Majestic Dr.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16939987
Independence	KS 67301-1519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Eric R. Hubbard		Date of Receipt
Mailing Address 3530 Weston		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16939989
Long Beach	CA 90807-3818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Long Beach Memorial Medic- al Center	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 60 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any personante name and address of any political committee to ation Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stanley A. Gorgol		Date of Receipt
Mailing Address 5 Terracewood Rd.		03 22 2009
City	State Zip Code	Transaction ID: 16939990
Londonderry	NH 03053-2409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer New Hampshire Podiatric Medical Assn.	Occupation Podiatric Physician	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy D. Kemple		Date of Receipt
Mailing Address 11 Elwood Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 16939991
Derry	NH 03038-5426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Amy B. Schunemeyer-Purdy		Date of Receipt
Mailing Address 4611 Loreauville Ro	l.	03 22 2009
City	State Zip Code	Transaction ID: 16939992
New Iberia	LA 70563-0997	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Foot Specialists of Acadi- ana	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 60 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Karen L. Wrubel Mailing Address 67 Albert Ct.			Date of Receipt 0 3 2 2 2 2 0 0 9
City Rancho Palos Verde FEC ID number of contributing	State CA	Zip Code 90275-5383	Transaction ID: 16939993 Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed Receipt For:	- ' '	n Physician	250.00
Primary General Other (specify) ▼	Aggregate	250.00	
Full Name (Last, First, Middle Initial) Dr. Robert G. Smith Mailing Address 723 Lucerne Cir.			Date of Receipt 0 3 2 2 2 2 0 0 9
City	State	Zip Code	Transaction ID: 16939994
Ormond Beach	FL	32174-4624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Self Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Jerry D. Brant	•		Date of Receipt
Mailing Address 902 Pheasant Run (Ct. S		03 22 2009
City	State	Zip Code	Transaction ID: 16939995
Brentwood	TN	37027-5810	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Podiatry Insurance Company of America Receipt For:		Physician	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		850.00

West Bloomfield MI 48322-2664 Amount of the proper of contributing federal political committee. Name of Employer Associated Podiatrists Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ B. Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel Mailing Address 751 Little John Cir. City State Zip Code Transact	eceipt
A. Dr. Marc A. Borovoy Mailing Address 6827 Minnow Pond Dr. City State Zip Code West Bloomfield MI 48322-2664 FEC ID number of contributing federal political committee. Name of Employer Associated Podiatrists Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel Mailing Address 751 Little John Cir. City State Zip Code Mailing Address 751 Little John Cir. City State Zip Code Gainesville GA 30501-2025 FEC ID number of contributing federal political committee. Name of Employer Gainesville GA 30501-2025 FEC ID number of Contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Date of F Date o	22 2009 on ID: 16939996 f Each Receipt this Period
City State Zip Code MI 48322-2664 FEC ID number of contributing federal political committee. Name of Employer Associated Podiatrists Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel Mailing Address 751 Little John Cir. City State Zip Code Gainesville GA 30501-2025 FEC ID number of contributing federal political committee. Name of Employer Gainesville C Name of Employer Gainesville Occupation Podiatric Physician Receipt For: Primary General Occupation Podiatric Physician Aggregate Year-to-Date ▼ Cocupation Podiatric Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Date of F	2 2 2 0 0 9 on ID: 16939996 f Each Receipt this Period
West Bloomfield MI 48322-2664 Amount of FEC ID number of contributing federal political committee. Name of Employer Associated Podiatrists Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel Mailing Address 751 Little John Cir. City State Zip Code Transact Gainesville GA 30501-2025 Transact Gainesville Name of Employer Aggregate Year-to-Date ▼ Occupation Podiatric Physician C C Name of Employer Gainesville Occupation Podiatric Physician Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Date of F	f Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Associated Podiatrists Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel Mailing Address 751 Little John Cir. City State Zip Code Gainesville Gainesville GA 30501-2025 FEC ID number of contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Date of F	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel Mailing Address 751 Little John Cir. City State Zip Code Gainesville GA 30501-2025 FEC ID number of contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Aggregate Year-to-Date ▼ Pate of Ferminary General Other (specify) ▼ Date of Ferminary General General Date of Ferminary General Gen	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel Mailing Address 751 Little John Cir. City State Zip Code Gainesville GA 30501-2025 FEC ID number of contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Date of F	
Dr. Wesley L. Daniel Mailing Address 751 Little John Cir. City State Zip Code Gainesville GA 30501-2025 FEC ID number of contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Date of F	
City State Zip Code Gainesville GA 30501-2025 FEC ID number of contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Receipt For: □ Primary □ General □ Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Date of F	eceipt
Gainesville FEC ID number of contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Amount C C Amount C Amount C Amount C Amount C Amount C Amount C C Podiatric Physician Aggregate Year-to-Date ▼ 250.00 Date of F	
FEC ID number of contributing federal political committee. Name of Employer Gainesville Podiatry Clinic Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison C	on ID: 16939999
Gainesville Podiatry Clinic Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Podiatric Physician Aggregate Year-to-Date 250.00	f Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison Date of F	
Dr. Michael Joseph Cornelison Date of F	
Mailing Address 121 Appo Way	eceipt
Walling Address 131 Affile Way	22 2009
City State Zip Code Transact	on ID: 16940000
Los Gatos CA 95032-4010 Amount of	f Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Cupertino Podiatry Occupation Podiatric Physician	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 60 (check only one) X 11a
or for commercial purposes, oth NAME OF COMMITTEE (In	er than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middl Dr. Lloyd S. Smith Mailing Address 65 Hartr City	nan Rd.	Zip Code	Date of Receipt 0 3 2 2 2 0 0 9 Transaction ID: 16940001
Newton Center FEC ID number of contributing federal political committee.	mA C	02459-3035	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Receipt For: Primary Gene Other (specify) ▼	Aggrega	on c Physician te Year-to-Date ▼ 500.00	
Full Name (Last, First, Middl Dr. Lyman H. Wilson Mailing Address 2220 E.			Date of Receipt 0 3 2 2 2 0 0 9
City	State	Zip Code	Transaction ID: 16940002
Santa Ana FEC ID number of contributing federal political committee.	CA CA	92701-4459	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupati Podiatri	on c Physician	
Receipt For: Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date 1000.00	
Full Name (Last, First, Middl Dr. Joseph M. Hughes Mailing Address 2311 Oc			Date of Receipt
			03 22 2009
City <u>Signa</u> l Hill	State CA	Zip Code 90755-3778	Transaction ID: 16940006 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			250.00
Name of Employer Los Alamitos Foot Center	Occupati Podiatri	on c Physician	
Receipt For: Primary Gene Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This R	Page (optional)		1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 60 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Robert M. Sage Mailing Address 2288 Cobblestone		Date of Receipt 0 3 2 2 2 2 0 0 9
City Beloit	State Zip Code WI 53511-6716	Transaction ID: 16940007 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Beloit Clinic	Occupation	500.00
Receipt For: Primary General Other (specify)	Podiatric Physician Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Lawrence B. Harkless Mailing Address 1079 St. Andrews	Dr.	Date of Receipt 0 3 2 2 2 2 0 0 9
City	State Zip Code	Transaction ID: 16940008
<u>Upland</u>	CA 91784-9144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Western Univ. of Health Sciences	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Kile W. Kinney		Date of Receipt
Mailing Address 3552 Carnoustie I	Jr.	03 / 22 / 4 2009
City	State Zip Code	Transaction ID: 16940009
Martinez FEC ID number of contributing federal political committee.	GA 30907-9504	Amount of Each Receipt this Period 250.00
Name of Employer The Foot & Ankle Group	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1050.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 60 (check only one) X
or for co	ommercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) erican Podiatric Medical Associatio	n Political <i>A</i>	action Committee	
A. <u>Dr. N</u>	Name (Last, First, Middle Initial) Michael W. Ward			Date of Receipt
	ng Address 1951 S. Grandview		7: 0 1	03 / 22 / 2009
City Dub	ouque	State IA	Zip Code 52003-7922	Transaction ID: 16940010 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	С		250.00
Nam Dub	e of Employer uque Podiatry	Occupatio Podiatrio	n : Physician	7
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
3. Dr. T	Name (Last, First, Middle Initial) Thomas S. Dwyer ng Address 520 Grant St.			Date of Receipt
	ng Address 520 Grafil St.			03 22 2009
City	amore	State IL	Zip Code 60178-1711	Transaction ID: 16940012 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C	30170 1711	250.00
Nam Self-	e of Employer Employed	Occupation Podiatric	n : Physician	
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) aura J. Pickard			Date of Receipt
	ng Address Norridge Foot Clinic 7325 W. Irving Park Ro			03 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chi	cago	State IL	Zip Code 60634-3547	Transaction ID: 16940013 Amount of Each Receipt this Period
FEC	ID number of contributing ral political committee.	C		1000.00
Nam Norr	e of Employer idge Foot Clinic	Occupatio Podiatric	n : Physician	
Rece	eipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTO	DTAL of Receipts This Page (optional)			1500.00
TOTAL	This Period (last page this line number	only)	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 60 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R. Baker			Date of Receipt
Mailing Address 111 W. Maple St. #2	2006		03 22 2009
City	State IL	Zip Code	Transaction ID: 16940014
Chicago FEC ID number of contributing federal political committee.	C	60610-5452	Amount of Each Receipt this Period 250.00
Name of Employer Weil Foot & Ankle Institu- te	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Ada V. Paolucci			Date of Receipt
Mailing Address Essington Podiatry 1960 Essington Rd.			03 22 7 2009
City Joliet	State IL	Zip Code 60435-1628	Transaction ID: 16940015
FEC ID number of contributing federal political committee.	C	00433-1020	Amount of Each Receipt this Period 500.00
Name of Employer Essington Podiatry Group	Occupation	n Physician	
Receipt For: Primary General Other (specify) ▼	· ·	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Alan J. Block			Date of Receipt
Mailing Address 1833 Lake Shore Dr	·.		0 3 2 2 2 0 0 9
City	State	Zip Code	Transaction ID: 16940016
Columbus FEC ID number of contributing federal political committee.	OH C	43204-4964	Amount of Each Receipt this Period 500.00
Name of Employer THE OHIO STATE UNIVERSITY	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
			1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 60 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any pot the name and address of any political committe ation Political Action Committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jerauld D. Ferritto, Jr. Mailing Address 2396 Club Rd.		Date of Receipt
City Upper Arlington	State Zip Code OH 43221-4005	Transaction ID: 16940019 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation	500.00
Receipt For: Primary General Other (specify)	Podiatric Physician Aggregate Year-to-Date ▼ 500.00	· .
Full Name (Last, First, Middle Initial) Mr. Michael I. Schwartz Mailing Address 410 N. Gadsden St.		Date of Receipt 0 3 2 2 2 2 0 0 9
City	State Zip Code	Transaction ID: 16940022
<u>Tallahassee</u>	FL 32301-1215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Florida Podiatric Medical Assn. Receipt For:	Occupation Executive Director	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. John Rembert Carradine		Date of Receipt
Mailing Address 6031 Annunciation	Si.	03 22 2009
City	State Zip Code	Transaction ID: 16940024
New Orleans FEC ID number of contributing federal political committee.	LA 70118-5706	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona)	1750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 60 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Associations of the commercial purposes and the commercial purposes are considered in the commercial purposes and the commercial purposes are considered in the commercial purposes.	and Statements may not be sold or used by any persong the name and address of any political committee to ciation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Martin V. Sloan Mailing Address 2409 Whispering	Oake Ct	Date of Receipt
City Abilene	State Zip Code TX 79606-4366	0 3 2 2 2 0 0 9 Transaction ID: 16940028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupation Podiatric Physician Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Todd A. Harrison Mailing Address 18819 Fountain To	250.00 er.	Date of Receipt
City	State Zip Code	0 3 2 2 2 0 0 9 Transaction ID: 16940029
Hagerstown FEC ID number of contributing federal political committee.	MD 21742-2670	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edwin S. Hart, III	1	Date of Receipt
Mailing Address 2305 Easton Ave.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Bethlehem	State Zip Code PA 18017-5009	Transaction ID: 16940032
FEC ID number of contributing federal political committee.	PA 18017-5009	Amount of Each Receipt this Period 251.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	
SUBTOTAL of Receipts This Page (option	nal)	751.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other that	ports and Statements may not be sold or used by any person using the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical	Association Political Action Committee	
Full Name (Last, First, Middle Initi Dr. Marc Weitzman		Date of Receipt
Mailing Address 10425 Kings		03 23 2009
City Huntington Woods	State Zip Code MI 48070-1113	Transaction ID: 16940079
FEC ID number of contributing federal political committee.	C 48070-1113	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initi Dr. Lawrence A. Santi	<u></u>	Date of Receipt
Mailing Address 31 Mayflowe	r Ave.	03 23 2009
City	State Zip Code	Transaction ID: 16940091
Williston Park	NY 11596-1517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initi Dr. Michael W. Ward	al)	Date of Receipt
Mailing Address 1951 S. Grar	ndview	03 23 2009
City	State Zip Code	Transaction ID: 16940105
<u>Dubuque</u>	IA 52003-7922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dubuque Podiatry	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	(optional)	1000.00
	ne number only)	

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 60 (check only one) X 11a
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Podiatric Medical A	n using the name and addr	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initian Dr. K. Kyle Ballew Mailing Address 12564 Chape City Lorena FEC ID number of contributing federal political committee.	,	Zip Code 76655-3008	Date of Receipt M M M
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric I		
Full Name (Last, First, Middle Initian Dr. Irvin O. Kanat Mailing Address 4800 Hardwo	<u>, </u>	Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
West Bloomfield FEC ID number of contributing federal political committee.	MI C	48323-2641	Transaction ID: 16940132 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric F Aggregate		
Full Name (Last, First, Middle Initian Dr. Joseph W. Cavuoto Mailing Address 1 Debbie Ct.	ja)		Date of Receipt 0 3 2 3 2 0 0 9
City Dix Hills FEC ID number of contributing federal political committee.	State NY	Zip Code 11746-5601	Transaction ID: 16940169 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Podiatric F		
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page	optional)	······	1500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 60 (check only one) X
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associat	ion Political A	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Dr. Roy R. DeFrancis			Date of Receipt
	Mailing Address 66 Brantwood Rd.			03 23 2009
	City	State	Zip Code	Transaction ID: 16940170
	Snyder FEC ID number of contributing	NY	14226-4303	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Kevin Holton			Date of Receipt
	Mailing Address 2805 Jasmine Ct.			03 / 23 / 2009
	City	State	Zip Code	Transaction ID: 16940171
	Saint Cloud	MN	56301-9467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Cloud Orthopedics	Occupatio	n : Physician	
	Receipt For:	-, '	e Year-to-Date	
	Primary General Other (specify) ▼	35 3	500.00	
_	Full Name (Last, First, Middle Initial) Dr. Robin C. Ross			Date of Receipt
	Mailing Address Shelter Island Podiat 2A Hudson Ave., P.C			03 23 2009
	City	State	Zip Code	Transaction ID: 16940177
	Shelter Island FEC ID number of contributing	NY	11964-1023	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Shelter Island Podiatry	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify) ▼		400.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 60 (check only one) X
A 0	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political <i>A</i>	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Richard A. Altwerger			Date of Receipt
	Mailing Address Village Medical Arts C 77 Miller Rd. #202	Complex		03 23 2009
	City	State	Zip Code	Transaction ID: 16940182
	Castleton On Hudso FEC ID number of contributing	C	12033-4022	Amount of Each Receipt this Period 250.00
	Name of Employer Village Medical Arts Comp-	Occupation	on c Physician	
	Receipt For: Primary General Other (specify)	, '	e Year-to-Date ▼ 250.00	1
	Full Name (Last, First, Middle Initial) Dr. William Schlorff Mailing Address 345 E. Central Ave.	0 0		Date of Receipt
				03 23 2009
	City Jersey Shore	State PA	Zip Code 17740-6979	Transaction ID: 16940183
	FEC ID number of contributing federal political committee.	C	17740-0979	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Nicholas J. Tanner			Date of Receipt
	Mailing Address 238 E. 13th Ave.			03 23 2009
	City	State	Zip Code	Transaction ID: 16940184
	Spokane	WA	99202-1115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Family Foot Center		: Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional) .	•		800.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 60 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Donald G. Hovancsek Mailing Address 7520 Sandy Point Rd. City Olympia FEC ID number of contributing	State WA	Zip Code 98516-9575	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	receipt For: Primary Other (specify) ▼		on c Physician e Year-to-Date ▼ 250.00	250.00
Б.	Full Name (Last, First, Middle Initial) Dr. Eric Edward Leonheart Mailing Address 17408 152nd Street Ct	. KPN		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Gig Harbor FEC ID number of contributing federal political committee. Name of Employer Puyallup Foot & Ankle Center Receipt For: Primary General Other (specify)		Zip Code 98329 on c Physician e Year-to-Date ▼	Transaction ID: 16940195 Amount of Each Receipt this Period 250.00
c .	Full Name (Last, First, Middle Initial) Dr. Kevin Sneider Mailing Address 912 Jackson Dr. City Port Clinton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	, '	Zip Code 43452-2342 on 2 Physician 2 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	1000.00

Mailing Address Hartford Podiatry Group 597 Farmington Ave. City State Zip Code CT 06105-3057 FEC ID number of contributing federal political committee. Name of Employer Hartford Podiatry Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert J. Hilkemann Mailing Address 13427 Seward City State Zip Code Omaha FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Primary General Occupation Podiatric Physician C C State Zip Code Omaha FEC ID number of contributing federal political committee. C C C C C C C C C C C C C	LINE NUMBER: PAGE 42 / 60 ck only one)
Full Name (Last, First, Middle Initial) Dr. Eric M. Kosofsky Mailing Address Hartford Podiatry Group 597 Farmington Ave. City Hartford CT 06105-3057 FEC ID number of contributing federal political committee. Name of Employer Hartford Podiatry Group Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Dr. Robert J. Hilkemann Mailing Address 13427 Seward City Omaha NE 68154-3820 FEC ID number of contributing federal political committee. Name of Employer Fort & Ankle Center of NE Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chester A Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Ti Occupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chester A Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Ti Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Chester A Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Ti Louisville KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Occupation	e purpose of soliciting contributions contributions from such committee.
State Zip Code Hartford CT 06105-3057 FEC ID number of contributing federal political committee. Name of Employer Hartford Podiatry Group Podiatric Physician Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Robert J. Hilkemann Mailing Address 13427 Seward City State Zip Code Omaha NE 68154-3820 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Primary General Other (specify) ▼ 250.00 Cupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Time Podiatric Physician	Date of Receipt
Hartford CT 06105-3057 FEC ID number of contributing federal political committee. Name of Employer Hartford Podiatry Group Receipt For: Primary General Other (specify) ▼ PEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Dr. Robert J. Hilkemann Mailing Address 13427 Seward City State Zip Code NE 68154-3820 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Primary General Other (specify) ▼ Cupation Podiatric Physician Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE City State Zip Code KY 40245-4034 Aggregate Year-to-Date ▼ Cocupation	03 23 2009
FEC ID number of contributing federal political committee. Name of Employer Hartford Podiatry Group Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert J. Hilkemann Mailing Address 13427 Seward City State Zip Code NE 68154-3820 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Primary General Other (specify) ▼ Cupation Podiatric Physician Aggregate Year-to-Date ▼ Cupation Podiatric Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer State Zip Code KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Occupation	ransaction ID: 16940203
Receipt For: Primary	mount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert J. Hilkemann Mailing Address 13427 Seward City State Zip Code Omaha NE 68154-3820 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Primary General Other (specify) ▼ C Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Tin Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Louisville KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Tin KY 40245-4034 Aggregate Year-to-Date ▼ Cocupation Cocupation	
Dr. Robert J. Hilkemann Mailing Address 13427 Seward City State Zip Code Omaha NE 68154-3820 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code KY 40245-4034 FEC ID number of contributing federal political committee. C Safe Employer Society Occupation C Coccupation C Doccupation Aggregate Year-to-Date ▼ Till Name (Last, First, Middle Initial) City State Zip Code KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Society Coccupation C C C C C C C C C C C C C	
City Omaha NE 68154-3820 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City Louisville FEC ID number of contributing federal political committee. Safe Employer Soft Employer Occupation Podiatric Physician Aggregate Year-to-Date 250.00 Till Name (Last, First, Middle Initial) Experimental State Sip Code KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Soft Employer Occupation	Date of Receipt
Omaha NE 68154-3820 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Louisville KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Sale Employer C Coccupation Occupation Occupation Occupation	03 23 2009
FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NE Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Till Louisville KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Sif Employer Sif Employer Occupation	ransaction ID: 16940210
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City Louisville FC ID number of contributing federal political committee. Name of Employer Soft Employed Podiatric Physician Aggregate Year-to-Date ▼ 250.00 Aggregate Year-to-Date ▼ 250.00 City State Zip Code KY 40245-4034 C C C C C C C C C C C C C	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Louisville KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Solf Employer Coccupation	
Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City State Zip Code Louisville KY 40245-4034 FEC ID number of contributing federal political committee. Name of Employer Soft Employer Coccupation	
City State Zip Code Louisville KY 40245-4034 FEC ID number of contributing federal political committee. C Name of Employer Solf Employer Cocupation	ate of Receipt
Louisville KY 40245-4034 FEC ID number of contributing federal political committee. C Name of Employer Solf Employer Cocupation	03 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Solf Employer Solf Employed	ransaction ID: 16940214
federal political committee. Name of Employer Self Employer Occupation	mount of Each Receipt this Period
Name of Employer Self Employed Occupation Podiatric Physician	250.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 60 (check only one) X 11a
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associate	ion Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Rusty Lee Cain			Date of Receipt
	Mailing Address 824 8th St.			03 23 2009
	City	State	Zip Code	Transaction ID: 16940219
	<u>Fairmont</u>	WV	26554-2561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Doctors Foot Center	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Dr. Kert W. Howard			Date of Receipt
	Mailing Address 7688 W. Portneuf Ro	d.		03 / 23 / 2009
	City	State	Zip Code	Transaction ID: 16940224
	Pocatello	ID	83204-7336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pocatello Podiatry Associ-	Occupation		
	ates Receipt For:		c Physician e Year-to-Date ▼	\dashv
	Primary General	Aggregate		7
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Joseph P. Leonetti	•		Date of Receipt
	Mailing Address 4045 E. Bell Rd. #11	7		03 23 2009
	City	State	Zip Code	Transaction ID: 16940225
	Phoenix	AZ	85032-2238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼	0 0	250.00	
Г	SUBTOTAL of Receipts This Page (optional)	l		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 60 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associations of the commercial purposes are not provided in the commercial purposes.	d Statements may not be sold or used by any perso the name and address of any political committee to ation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Mark M. Schilansky Mailing Address 181 Elting Rd. City Catskill FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code NY 12414-6731 C Occupation Podiatric Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Gary F. Stones Mailing Address 134 Hayes St. City	State Zip Code	Date of Receipt 0 3
Garden City FEC ID number of contributing federal political committee. Name of Employer Self-Employed	NY 11530-1001 C Occupation Podiatric Physician	Transaction ID: 16940229 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas C. Atwood Mailing Address Western Foot & Anl 2122 9th St. #3 City Greeley	kle Care State Zip Code CO 80631-3089	Date of Receipt M M M
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Western Foot & Ankle Care Receipt For:	Occupation Podiatric Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Sylvia Virbulis	1.0	Date of Receipt
Mailing Address Piedmont Foot & Ank 316 S. Church St.	le Care	03 23 2009
City Salisbury	State Zip Code NC 28144-4930	Transaction ID: 16940238
FEC ID number of contributing federal political committee.	C 20144-4930	Amount of Each Receipt this Period 250.00
Name of Employer Piedmont Foot & Ankle Care	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kevan R. Kreitman		Date of Receipt
Mailing Address 30160 Mayfair Dr.		03 25 2009
City	State Zip Code	Transaction ID: 16947233
Farmington Hills FEC ID number of contributing federal political committee.	MI 48331-2156	Amount of Each Receipt this Period 500.00
Name of Employer Shores Podiatry Associates	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Kim Erik Ploot		Date of Receipt
Mailing Address 1067 Blue Grouse		03 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kalispell	State Zip Code MT 59901-8935	Transaction ID: 16958449
FEC ID number of contributing federal political committee.	MT 59901-8935	Amount of Each Receipt this Period 250.00
Name of Employer Glacier Foot & Ankle Asso- ciates	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Y)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 60 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Maureen L. Crotty			Date of Receipt
Mailing Address 3847 S. Troost Ave.			03 23 2009
City Tulsa	State OK	Zip Code 74105-3326	Transaction ID: 16958884
FEC ID number of contributing federal political committee.	C	74103-3320	Amount of Each Receipt this Period 500.00
Name of Employer Green Country Podiatry Ce- nter		Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Richard L. Rauch			Date of Receipt
Mailing Address 1188 Lost Rd.			03 23 7 2009
City	State	Zip Code	Transaction ID: 16958885
Martinsburg FEC ID number of contributing federal political committee.	C	25403-0898	Amount of Each Receipt this Period 300.00
<u> </u>	Occupatio	n	_
Name of Employer Self-Employed		Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr. David J. Neese			Date of Receipt
Mailing Address 7794 102nd St. N.E			03 23 2009
City	State	Zip Code	Transaction ID: 16958887
Monticello	MN	55362-3901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Family Foot & Ankle Clinic	Occupatio Podiatric	n Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify)		250.00	
			900.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 60 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and	Statements ma	, ,	13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using th	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Associati	ion Political A	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Roy C. Harmon, Jr.			Date of Receipt
Mailing Address 55 15th St.			03 26 2009
City	State	Zip Code	Transaction ID: 16971968
Wheeling	WV	26003-3549	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Self-Employed	Occupatio		
		Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Dharmesh Pravin Bhakta	1		Date of Receipt
Mailing Address 5 Whispering Bend C	t.		03 26 2009
City	State	Zip Code	Transaction ID: 16971970
<u>Mansfield</u>	TX	76063-6757	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Accent Podiatry Associates	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Faye B. Frankfort			Date of Receipt
Mailing Address 10800 Antigua Terrac	ce, #102		03 26 2009
City	State	Zip Code	Transaction ID: 16971972
Rockville	MD	20852-5509	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer American Podiatric Medical Association	Occupatio Director	n	
Receipt For:	- 	e Year-to-Date V	
Primary General Other (specify) ▼	99. 09410	250.00	
			700.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 60 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associati	on Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Paul F. Brezinski			Date of Receipt
	Mailing Address 720 N. Kaspar Ave.			03 / 26 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16975903
	Arlington Heights	IL	60004-5324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	300.00	
_	Full Name (Last, First, Middle Initial) Dr. Carlton G. Purvis	1		Date of Receipt
	Mailing Address 309 Old Coach Rd.			03 26 2009
	City	State	Zip Code	Transaction ID: 16975905
	Rocky Mount	NC	27804-2134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Purvis Foot & Ankle Center	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. David Plotkin			Date of Receipt
	Mailing Address 162 Old Short Hills Re	d.		03 26 2009
	City	State	Zip Code	Transaction ID: 16975906
	Short Hills	NJ	07078-2122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		800.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 60 (check only one) X 11a
Any or fo	information copied from such Reports and r commercial purposes, other than using the	Statements ma	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Podiatric Medical Associati	ion Political A	action Committee	
	ull Name (Last, First, Middle Initial) Dr. Joseph Ryan Treadwell			Date of Receipt
_	Mailing Address 26 Crown Point			03 / 26 / 4 4 4 4
	Santon	State CT	Zip Code	Transaction ID: 16975908
F	EC ID number of contributing ederal political committee.	C	06019-2644	Amount of Each Receipt this Period 250.00
	lame of Employer Associated Podiatrists of ST	Occupatio Podiatric	n Physician	
	eceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
. 🛚	ull Name (Last, First, Middle Initial) rr. Thomas V. Johnson			Date of Receipt
N	Mailing Address 289 Main St.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	city	State	Zip Code	Transaction ID: 16975909
<u>S</u>	Suffield	CT	06078-1332	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
N F	lame of Employer Podiatry Care	Occupatio Podiatric	n : Physician	
R	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	ull Name (Last, First, Middle Initial) br. Corey Fox			Date of Receipt
M	Mailing Address 21 Tall Oak Dr.			03 26 YYYYY 2009
	Pity	State	Zip Code	Transaction ID: 16975912
<u> </u>	Huntington	NY	11743-7115	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		150.00
N <u>ia</u>	lame of Employer //assapequa Podiatry Assoc- ates		Physician	
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
CIII	BTOTAL of Receipts This Page (optional)	1		900.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 60 (check only one) X 11a
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any person sing the name and address of any political committee to ociation Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lon Michael Baronne Mailing Address Baronne Foot Co		Date of Receipt 0 3 2 6 2 0 0 9
City	State Zip Code	Transaction ID: 16976784
<u>Opelousas</u>	LA 70571-0159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Baronne Foot Center	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Roland A. Palmquist Mailing Address 8958 Riverside I	Dr.	Date of Receipt
City	State Zip Code	03 27 2009
Parker	AZ 85344-8088	Transaction ID: 16987877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Parker Indian Health Cent- er	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Garrison Bowling		Date of Receipt
Mailing Address 7116 Kelliwood	Dr.	03 / 30 / 2009
City	State Zip Code	Transaction ID: 16989287
Port Arthur	TX 77642-6471	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	ional)	1500.00
TOTAL This Period (last page this line r	number only)	54149.50

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В.

C.

SCHEDULE B (FEC Form 3X)	SCHEDULE B (FEC Form 3X) Use separate schedule(s) (ch							NE NUMBER: PAGE 51 / 60							
ITEMIZED DISBURSEMENTS	for each o	category of the ((check o	only o	. ′			_	¬	_	1		
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NAME OF COMMITTEE (In Full)			
American Podiatric Medical Association	Political Action Committee	e	
Full Name (Last, First, Middle Initial)			Transaction ID: 16893315
Friends Of Sherrod Brown			Date of Disbursement
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City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
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Mailing Address 921 Sw Washington S	Suite 810		03
City Portland	State Zip Code OR 97205		Amount of Each Disbursement this Period
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State: OR District: 03			
Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln			Transaction ID: 16906513 Date of Disbursement
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City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Period
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Charles Boustany Jr. For Congress Mailing Address Post Office Box 80126 City State Zip Code Laf 70598 Purpose of Disbursement Candidate Name (Last, First, Middle Initial) State: LA District: 07 Full Name (Last, First, Middle Initial) Wyden For Senate Persident Candidate Name Sen. Ron Wyden Office Sought: X House X Senate President State: OR District: Full Name (Last, First, Middle Initial) Candidate Name Sen. Ron Wyden Sen. Ron Wyden State: OR District: Full Name (Last, First, Middle Initial) Candidate Name Sen. Ron Wyden Sen. Ron Wyden Sen. Ron Wyden State: OR District: Full Name (Last, First, Middle Initial) Candidate Name Sen. Ron Wyden Sen. Ron Wyden State: OR District: Full Name (Last, First, Middle Initial) Candidate Name Sen. Ron Wyden Sen. Ron Senate President State: OR District: Full Name (Last, First, Middle Initial) Candidate Name Sen. Ron Wyden Sen. Ron Senate President State: OR District: Full Name (Last, First, Middle Initial) Candidate Name Sen. Ron Senate President State: OR District: Full Name (Last, First, Middle Initial) Candidate Name Sen. Ron Senate President State: OR District: Full Name (Last, First, Middle Initial) Candidate Name Sen. Ron Senate President Candidate Name Sen. Ron Senate President Candidate Name Sen. Ron Senate President Category' Type Transaction ID: 16976915 Date of Disbursement bits Per Candidate Name Category' Type Amount of Each Disbursement this Per Category' Type Transaction ID: 16976916 Date of Disbursement Office Sought: X House Senate President Category' Type Void - Larson For Congress Candidate Name Sen. Senate President Category' Type City General Category' Type City General Category' Type City General Category' Type City General Category' Type City Category Type City	TEMIZED DISBURSEMENTS		21b 27	22 X 23 24 25 28a 28b 28c 29
American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Charles Boustary Jr. For Congress Mailing Address Post Office Box 80126 City State Zip Code Lafayette LA 70598 Purpose of Disbursement Candidate Name President State: LA District: 07 Full Name (Last, First, Middle Initial) Charles Boustary, Jr. Office Sought: X House President State Zip Code Portland OR 97232 Purpose of Disbursement City State Zip Code Portland OR 97232 Purpose of Disbursement Category' Type Transaction ID: 16976915 Date of Disbursement Initial District: 07 Full Name (Last, First, Middle Initial) Category' Type Amount of Each Disbursement Initial Per Office Sought: X Primary General President State: OR District: Full Name (Last, First, Middle Initial) Larson For Congress Mailing Address 29 Ruff Circle City State Zip Code Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976916 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976916 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976916 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976916 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976916 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976916 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976916 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976915 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976915 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 16976915 Date of Disbursement Initial Per Office Sought: X Primary General Other (specify) ▼ Transaction ID: 1697691	r for commercial purposes, other than using the na			
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American Podiatric Medical Association	Political Action Committee	•	
Full Name (Last, First, Middle Initial) Re-Elect Mcgovern Committee			Transaction ID: 16976917 Date of Disbursement
Mailing Address PO Box 60405 PO Box 60405			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} $
City Worcester	State Zip Code MA 01606		Amount of Each Disbursement this Period
Purpose of Disbursement Void - Re-Elect Mcgovern Committee		011	-1000.00
Candidate Name Rep. James P. McGovern		Category/ Type	
Office Sought: X House Disbuse Senate President State: MA District: 03	rsement For: 2010 X Primary General Other (specify)		Void - Re-Elect Mcgovern Committee
Full Name (Last, First, Middle Initial)			Transaction ID: 16976930
Friends of Max Baucus			Date of Disbursement
Mailing Address Box 586			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} D & 2 & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City Helena	State Zip Code MT 59624		Amount of Each Disbursement this Period
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Candidate Name Sen. Max Baucus		Category/ Type	
Office Sought: House Disbu	rsement For: 2014 X Primary General Other (specify)		
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City Wilmington	State Zip Code DE 19899		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Rep. Michael N. Castle		Category/ Type	
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association I				
Full Name (Last, First, Middle Initial)				Transaction ID: 16976935
Nancy Pelosi For Congress				Date of Disbursement
Mailing Address Attn Rachel Fischetti 430 S. Capitol St SE				03
City Washington	State DC	Zip Code 20003		Amount of Each Disbursement this Perio
Purpose of Disbursement				2500.00
Candidate Name Rep. Nancy Pelosi			011 Category/ Type	
Office Sought: X House Disbur	sement For: X Primary Other (spe	2010 General	. 140	
Full Name (Last, First, Middle Initial)				T
Friends Of Schumer				Transaction ID: 16976943 Date of Disbursement
Mailing Address 509 Madison Ave Suite	1902			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ Y & 2 & O & Q \end{smallmatrix} \end{bmatrix} $
City New York	State NY	Zip Code 10022		Amount of Each Disbursement this Perio
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Candidate Name Sen. Charles Schumer			Category/ Type	
X Senate President	sement For: X Primary Other (spe	2010 General	. , , , ,	
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Full Name (Last, First, Middle Initial) Friends Of Byron Dorgan				Transaction ID: 16976947 Date of Disbursement
Mailing Address PO Box 871				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & \overline{D} \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & & Y & 0 & \overline{Y} & \overline{Y} \\ 2 & 0 & 0 & 9 \end{bmatrix}$
City Bismarck	State ND	Zip Code 58502		Amount of Each Disbursement this Perio
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Candidate Name Sen. Byron L. Dorgan			011 Category/ Type	
X Senate President	sement For: X Primary Other (spe	2010 General		
State: ND District:				
SUBTOTAL of Disbursements This Page (optional)		>	10000.00

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	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Podiatric Medical Association F	ne and address of any political commit	
<u> </u>	Full Name (Last, First, Middle Initial) Kirk For Congress Mailing Address P.O. Box 8		Transaction ID: 16976948 Date of Disbursement M 3 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Winnetka Purpose of Disbursement	State Zip Code IL 60093	Amount of Each Disbursement this Period 2500.00
	Candidate Name Rep. Mark Steven Kirk	01 Categ	gory/
		ement For: 2010 (Primary General Other (specify)	
	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Commi Mailing Address 120 Maryland Avenue,		Transaction ID: 16981530 Date of Disbursement 03
	City Washington Purpose of Disbursement Candidate Name	State Zip Code DC 20002	gory/
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	Full Name (Last, First, Middle Initial) Tim Bishop For Congress		Transaction ID: 16989290 Date of Disbursement 0 3 1 2 0 0 9
	Mailing Address PO Box 437 City Farmingville	State Zip Code NY 11738	Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name Rep. Timothy Bishop	01 Categ	gory/
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District:

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 60 / 60	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 24 25 26 27 28a 28b 28c 29 30	
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association Po	olitical Action Committee		
Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committ Mailing Address 120 Maryland Avenue, N		Transaction ID: 16989376 Date of Disbursement	
City Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period	_
Purpose of Disbursement Void - Democratic Senatorial Campaign Committee Candidate Name	Cat	-5000.00 011 tegory/	
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Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committed Mailing Address 120 Maryland Avenue, N		Transaction ID: 16989385 Date of Disbursement O 3 1 Y Y Y O 9 9	_
Washington	State Zip Code DC 20002	Amount of Each Disbursement this Period 5000.00	
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SUBTOTAL of Disbursements This Page (optional)	•	0.00
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