

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		<input type="text" value="243863.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="423198.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19762.00"/>	<input type="text" value="430251.94"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="442960.16"/>	<input type="text" value="674115.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31000.00"/>	<input type="text" value="262155.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="411960.16"/>	<input type="text" value="411960.16"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12703.00	273966.33
(ii) Unitemized	7059.00	147233.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19762.00	421199.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	19762.00	421199.83
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	9052.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	19762.00	430251.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19762.00	430251.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	10754.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	10754.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	249500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1901.00
(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	1901.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31000.00	262155.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31000.00	262155.11

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)	19762.00	421199.83
34. Total Contribution Refunds (from Line 28(d))	0.00	1901.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19762.00	419298.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	10754.11
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	10754.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Edward Pellecchia
Full Name (Last, First, Middle Initial)
Mailing Address 327 Hidden Creek Dr.
City Hatboro State PA Zip Code 19040-1620
FEC ID number of contributing federal political committee. **C**
Name of Employer Ankle&Foot Surgical Associates, Inc Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2011
Transaction ID : 19505180
Amount of Each Receipt this Period
300.00

B. Dr. Daniel Albert Cohen
Full Name (Last, First, Middle Initial)
Mailing Address 3942 Sparrow Hawk Rd.
City Melbourne State FL Zip Code 32934-8524
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2011
Transaction ID : 19505622
Amount of Each Receipt this Period
300.00

C. Dr. Christian Emil Davis
Full Name (Last, First, Middle Initial)
Mailing Address Foot & Ankle Specialists of CT
21 Cooke St.
City Plainville State CT Zip Code 06062-1801
FEC ID number of contributing federal political committee. **C**
Name of Employer Associated Podiatrists of CT Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 03 / 2011
Transaction ID : 19505714
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. William H. Dabdoub		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2011
Mailing Address 100 Ayshire Ct.		Transaction ID : 19507185
City Slidell	State LA	Zip Code 70461-5034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2350.00	

Full Name (Last, First, Middle Initial) B. Dr. Aniello Scotti Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2011
Mailing Address 1 Three Pond Rd.		Transaction ID : 19507187
City Smithtown	State NY	Zip Code 11787-1830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Dr. Derek J. McCammon		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2011
Mailing Address 9477 S.E. Emerald Loop		Transaction ID : 19507188
City Portland	State OR	Zip Code 97086-8037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.00	

SUBTOTAL of Receipts This Page (optional).....▶	217.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Debra J. Lusk		Date of Receipt MM / DD / YYYY 11 / 07 / 2011 Transaction ID : 19507189
Mailing Address 6260 Delaware		Amount of Each Receipt this Period 50.00
City Beaumont	State TX	Zip Code 77706-7602
FEC ID number of contributing federal political committee. C		
Name of Employer Podiatry Associates of S.E. TX	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Lilly Shimahara		Date of Receipt MM / DD / YYYY 11 / 07 / 2011 Transaction ID : 19509942
Mailing Address 8958 Riverside Dr.		Amount of Each Receipt this Period 1000.00
City Parker	State AZ	Zip Code 85344-8088
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Roland A. Palmquist		Date of Receipt MM / DD / YYYY 11 / 07 / 2011 Transaction ID : 19509944
Mailing Address 8958 Riverside Dr.		Amount of Each Receipt this Period 1500.00
City Parker	State AZ	Zip Code 85344-8088
FEC ID number of contributing federal political committee. C		
Name of Employer Parker Indian Health Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Kenneth Paul Seiter Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11534 Kings Way Dr.
 City Fort Smith State AR Zip Code 72916-8394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 08 / 2011**
Transaction ID : 19509967
 Amount of Each Receipt this Period **250.00**

B. Dr. Stephen A. Byrne
 Full Name (Last, First, Middle Initial)
 Mailing Address 5735 Riverwood Dr.
 City Atlanta State GA Zip Code 30328-3726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 07 / 2011**
Transaction ID : 19512043
 Amount of Each Receipt this Period **250.00**

C. Dr. Jeffrey M. Carrel
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Presidents Walk
 City Williamsville State NY Zip Code 14221-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Affiliates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 07 / 2011**
Transaction ID : 19512045
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Dmitry Sandler
Full Name (Last, First, Middle Initial)

Mailing Address 2830 Fairways Dr.

City Homestead State FL Zip Code 33035-1176

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2011

Transaction ID : 19532731

Amount of Each Receipt this Period
100.00

B. Dr. Gino Scartozzi
Full Name (Last, First, Middle Initial)

Mailing Address 2 Aberdeen Rd.

City New Hyde Park State NY Zip Code 11040-2102

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

Name of Employer New Hyde Park Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2011

Transaction ID : 19533176

Amount of Each Receipt this Period
500.00

c. Dr. Alyssa Kay Stephenson
Full Name (Last, First, Middle Initial)

Mailing Address 3665 Merlin Ct.

City Sturtevant State WI Zip Code 53177-3804

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

Name of Employer Family Foot Clinics of WI Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2011

Transaction ID : 19533889

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. David M. Kaufmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Ellison Dr.
 City Bedford State NH Zip Code 03110-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dartmouth Hitchcock Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2011
Transaction ID : 19538025
 Amount of Each Receipt this Period
 250.00

B. Dr. Horst P. Knapp
 Full Name (Last, First, Middle Initial)
 Mailing Address 2612 Geiberger Dr.
 City Plano State TX Zip Code 75025-5167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 19538035
 Amount of Each Receipt this Period
 300.00

C. Dr. Michael J. Marcus
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Goldenrod Ave.
 City Corona Del Mar State CA Zip Code 92625-2913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2011
Transaction ID : 19538036
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Andrew Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address 172 Lagoon Dr. W.

City Lido Beach State NY Zip Code 11561-4916

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **11 / 09 / 2011**

Transaction ID : 19538037

Amount of Each Receipt this Period **125.00**

B. Dr. Jerry I. Hadrych
Full Name (Last, First, Middle Initial)

Mailing Address 7 Scenic Woods Dr.

City Morgantown State WV Zip Code 26508-3616

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

Name of Employer Morgantown Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt **11 / 14 / 2011**

Transaction ID : 19538041

Amount of Each Receipt this Period **150.00**

C. Dr. Jerry I. Hadrych
Full Name (Last, First, Middle Initial)

Mailing Address 7 Scenic Woods Dr.

City Morgantown State WV Zip Code 26508-3616

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

Name of Employer Morgantown Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 14 / 2011**

Transaction ID : 19538042

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **375.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Craig H. Thomajan		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2011 Transaction ID : 19543215
Mailing Address Austin Foot & Ankle Specialists 5000 Bee Cave Rd. #202		Amount of Each Receipt this Period 100.00
City West Lake Hills State TX Zip Code 78746-5254		
FEC ID number of contributing federal political committee. C	Name of Employer Austin Foot & Ankle Specialists Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 1100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Robert J. Warkala		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2011 Transaction ID : 19543236
Mailing Address 59 Harrowgate Dr.		Amount of Each Receipt this Period 160.00
City Cherry Hill State NJ Zip Code 08003-1938		
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 1760.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William J. Blake		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 21 / 2011 Transaction ID : 19544899
Mailing Address 15 Santos Ln.		Amount of Each Receipt this Period 500.00
City Santa Fe State NM Zip Code 87506-8915		
FEC ID number of contributing federal political committee. C	Name of Employer Foot & Ankle Associates, Inc. Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	760.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Richard A. Armstrong
 Full Name (Last, First, Middle Initial)
 Mailing Address Falmouth Podiatry
 342A Gifford St.
 City Falmouth State MA Zip Code 02540-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Falmouth Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : 19546180
 Amount of Each Receipt this Period
 50.00

B. Dr. Tyson E. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 4213 Maidstone Dr.
 City Lake Charles State LA Zip Code 70605-4033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 22 / 2011
Transaction ID : 19546181
 Amount of Each Receipt this Period
 50.00

C. Dr. Phyllis A. Weinstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 5104 Densmore Ave.
 City Encino State CA Zip Code 91436-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2011
Transaction ID : 19547665
 Amount of Each Receipt this Period
 22.00

SUBTOTAL of Receipts This Page (optional).....▶	122.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Edward A. Bustamante
 Full Name (Last, First, Middle Initial)
 Mailing Address 2829 Indian Creek Dr. #1010
 City Miami Beach State FL Zip Code 33140-4730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S. Miami Foot Health Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2011
Transaction ID : 19547667
 Amount of Each Receipt this Period
 250.00

B. Dr. Liana G. Seldin
 Full Name (Last, First, Middle Initial)
 Mailing Address 325 Meridian Ave. #10
 City Miami Beach State FL Zip Code 33139-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2011
Transaction ID : 19547668
 Amount of Each Receipt this Period
 25.00

C. Dr. Georgina A. Asante
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 10th Ave. #305
 City Columbus State GA Zip Code 31901-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011
Transaction ID : 19550191
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional).....▶	95.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Joseph Christopher Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 654 Philadelphia Ave.
 City Shillington State PA Zip Code 19607-2769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2011
Transaction ID : 19550192
 Amount of Each Receipt this Period
 250.00

B. Dr. Robert Glenn Rosen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5130 Sommerville Dr.
 City Rockledge State FL Zip Code 32955-6720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brevard Podiatry Group Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 19550280
 Amount of Each Receipt this Period
 20.00

c. Dr. Robert J. Lenfestey Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Birklands Dr.
 City Cary State NC Zip Code 27518-8205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2011
Transaction ID : 19550567
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	545.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Robert G. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 723 Lucerne Cir.

City Ormond Beach State FL Zip Code 32174-4624

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **11 / 28 / 2011**

Transaction ID : 19550569

Amount of Each Receipt this Period **300.00**

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

Mailing Address Lake Ridge Foot & Ankle Center
1721 Financial Loop

City Lake Ridge State VA Zip Code 22192-2459

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

Name of Employer Lake Ridge Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 28 / 2011**

Transaction ID : 19552096

Amount of Each Receipt this Period **500.00**

C. Dr. Jonathan E. Moore
Full Name (Last, First, Middle Initial)

Mailing Address 1905 Aldons Way

City Somerset State KY Zip Code 42503-9195

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

Name of Employer Cumberland Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 28 / 2011**

Transaction ID : 19552097

Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Dominick Garibaldi		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 14-A 67th St.		Transaction ID : 19552100
City Newburyport	State MA	Zip Code 01950-4443
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Foot & Ankle Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Gregory A. Worley		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 694 Chambers Rd.		Transaction ID : 19552102
City Walton	State KY	Zip Code 41094-9380
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Northern KY Foot Specialists	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Raymond A. DiPretoro Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 44 Woodridge Rd.		Transaction ID : 19552103
City Thornton	State PA	Zip Code 19373-1038
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Advanced Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Animesh S. Bhatia
Full Name (Last, First, Middle Initial)

Mailing Address 4561 Neiswander Sq.

City New Albany State OH Zip Code 43054-9642

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2011
Transaction ID : 19552105

Amount of Each Receipt this Period 500.00

B. Dr. Richard E. Ehle
Full Name (Last, First, Middle Initial)

Mailing Address 61 Black Walnut Ln.

City Burlington State CT Zip Code 06013-2205

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

Name of Employer CT Foot Care Centers Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 17 / 2011
Transaction ID : 19580874

Amount of Each Receipt this Period 500.00

C. Dr. Daria P. McDonough
Full Name (Last, First, Middle Initial)

Mailing Address 284 N. Halifax Dr.

City Ormond Beach State FL Zip Code 32176-5765

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt 11 / 21 / 2011
Transaction ID : 19580878

Amount of Each Receipt this Period 99.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1099.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Dr. Harold R. Huff
Full Name (Last, First, Middle Initial)
Mailing Address 446 Livengood Ln.
City Sequim State WA Zip Code 98382-3074
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 21 / 2011
Transaction ID : 19580880
Amount of Each Receipt this Period
300.00

B. Dr. Lawrence R. Hufford
Full Name (Last, First, Middle Initial)
Mailing Address 412 Main St.
City Hamilton State OH Zip Code 45013-3137
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 25 / 2011
Transaction ID : 19580883
Amount of Each Receipt this Period
250.00

C. Dr. Louis W. Nordeen
Full Name (Last, First, Middle Initial)
Mailing Address 8065 Belton Cir.
City Mechanicsville State VA Zip Code 23116-4055
FEC ID number of contributing federal political committee. **C**
Name of Employer Premier Foot & Ankle Center Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2011
Transaction ID : 19580885
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	12703.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judy Chu For Congress

Mailing Address 6380 Wilshire Blvd # 1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Candidate Name

Rep. Judy Chu

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 32

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

Transaction ID : 19512051

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

011

Candidate Name

Rep. Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

Transaction ID : 19512054

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. John D. Dingell For Congress

Mailing Address 700 13th Street, Nw, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

Rep. John D. Dingell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

Transaction ID : 19512065

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Tom Harkin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

Transaction ID : 19512071

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. John Barrow

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2011			

Transaction ID : 19512072

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			2011			

Transaction ID : 19534379

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Tom Harkin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19534380

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Citizens For Harkin

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Tom Harkin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19534381

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Leadership Today and Tomorrow PAC

Mailing Address 9869 Easton Drive

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19534599

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve Rothman For New Jersey, Inc.

Mailing Address P.O. Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steven R. Rothman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19534600

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Tim F. Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19534602

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Friends Of Maurice Hinchey

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Maurice D. Hinchey

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19534603

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Boswell For Congress

Mailing Address PO Box 1814

City State Zip Code
Des Moines IA 50305

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Leonard L. Boswell

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19534604

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Geoff Davis For Congress

Mailing Address PO Box 17192

City State Zip Code
Ft Mitchell KY 41017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Geoff Davis

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19534607

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Geoff Davis For Congress

Mailing Address PO Box 17192

City State Zip Code
Ft Mitchell KY 41017

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Geoff Davis

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19534608

Amount of Each Disbursement this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends Of Tim Johnson

Mailing Address PO Box 17097

City Urbana State IL Zip Code 61803

Purpose of Disbursement

011

Candidate Name

Rep. Timothy V. Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19534611

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

011

Candidate Name

Rep. Vern Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19534866

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Lee Terry For Congress

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

011

Candidate Name

Rep. Lee Terry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	1	1

Transaction ID : 19535121

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 700 13th Street, Nw
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19535123

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Joseph R. Pitts

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19535124

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Citizens For Tom Petri

Mailing Address P.O. Box 270

City Fond Du Lac State WI Zip Code 54936

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Thomas E. Petri

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19535260

Amount of Each Disbursement this Period

1000.00

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

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

3500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Jon Runyan For Congress, Inc

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jon Runyan

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19535457

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peterson For Congress

Mailing Address 26192 Floyd Lake Point Road

City State Zip Code
Detroit Lakes MN 56501

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Collin C. Peterson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19535458

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michaud For Congress

Mailing Address 213 Lisbon St

City State Zip Code
Lewiston ME 04240

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael H. Michaud

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2011

Transaction ID : 19535791

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michaud For Congress

Mailing Address 213 Lisbon St

City Lewiston State ME Zip Code 04240

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael H. Michaud

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2011

Transaction ID : 19535819

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00

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

31000.00
