

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

American Podiatric Medical Association Political Action Committee

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼**  **CITY ▲**  **STATE ▲**  **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |   |                                      |                                       |  |
|---|--------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3)            | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4)            | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |
- Election on  /  /  in the State of

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. William Dabdoub DPM

Signature of Treasurer Dr. William Dabdoub DPM [Electronically Filed] Date  /  /

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

Office Use Only										<b>FEC FORM 3X</b> Rev. 12/2004
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**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="2012"/>		<input type="text" value="401108.16"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="401108.16"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36532.00"/>	<input type="text" value="36532.00"/>
(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="437640.16"/>	<input type="text" value="437640.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="437640.16"/>	<input type="text" value="437640.16"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	24500.00	24500.00
(ii) Unitemized .....	12032.00	12032.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36532.00	36532.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36532.00	36532.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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))..... ▶	36532.00	36532.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36532.00	36532.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

**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) .....	36532.00	36532.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36532.00	36532.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<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	

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. Glenn B. Gastwirth**  
Full Name (Last, First, Middle Initial)

Mailing Address 12401 Willow Green Ct.

City Potomac State MD Zip Code 20854-3044

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

Name of Employer American Podiatric Medical Association Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2012

**Transaction ID : 19623006**

Amount of Each Receipt this Period  
 1000.00

**B. Dr. Jerry Keith Miles**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Kings Hill Ln.

City Kingwood State TX Zip Code 77346-4041

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

Name of Employer Foot & Ankle Center of N. Houston Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2012

**Transaction ID : 19633148**

Amount of Each Receipt this Period  
 1000.00

**c. Dr. Matthew G. Garoufalís**  
Full Name (Last, First, Middle Initial)

Mailing Address 1933 Hansom Ct.

City Naperville State IL Zip Code 60565-2629

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

Name of Employer Professional Foot Care Specialists Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2012

**Transaction ID : 19662869**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<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. Mr. Don M. Canada**  
Full Name (Last, First, Middle Initial)

Mailing Address 918 Congress Ave. #200

City Austin State TX Zip Code 78701-2422

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

Name of Employer Texas Podiatric Medical Assn. Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2012  
**Transaction ID : 19664879**

Amount of Each Receipt this Period 500.00

**B. Dr. David L. Dondero**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Goat Hill Rd.

City Lambertville State NJ Zip Code 08530-2608

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 17 / 2012  
**Transaction ID : 19666225**

Amount of Each Receipt this Period 300.00

**C. Dr. Terry L. Spilken**  
Full Name (Last, First, Middle Initial)

Mailing Address 115 Riviera Dr.

City Monroe State NJ Zip Code 08831-8907

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2012  
**Transaction ID : 19666228**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<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) <b>A. Dr. Seth A. Rubenstein</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2012 <b>Transaction ID : 19668649</b>
Mailing Address 1322 Pavilion Club Way		Amount of Each Receipt this Period 1000.00
City Reston	State VA	Zip Code 20194-1338
FEC ID number of contributing federal political committee. C		
Name of Employer Fox Mill 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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. James W. Stavosky</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 18 / 2012 <b>Transaction ID : 19680271</b>
Mailing Address 1201 Vancouver Ave.		Amount of Each Receipt this Period 300.00
City Burlingame	State CA	Zip Code 94010-5669
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Theodore G. Mushlin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2012 <b>Transaction ID : 19680272</b>
Mailing Address Podiatry Care Specialists, P.C. 3319 W. Chester Pk.		Amount of Each Receipt this Period 500.00
City Newtown Square	State PA	Zip Code 19073-4226
FEC ID number of contributing federal political committee. C		
Name of Employer Podiatry Care Specialists, P.C.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER:		PAGE 9 OF 22	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

**A. Dr. Richard K. Rettig**  
Full Name (Last, First, Middle Initial)

Mailing Address 1335 W. Tabor Rd. #206

City Philadelphia	State PA	Zip Code 19141-3040
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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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  
 01 / 27 / 2012  
**Transaction ID : 19682887**

Amount of Each Receipt this Period  
 300.00

**B. Dr. Suha F. Kassab**  
Full Name (Last, First, Middle Initial)

Mailing Address 1820 Huntingwood Ln.

City Bloomfield Hills	State MI	Zip Code 48304-2312
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Podiatric Physician
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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  
 01 / 26 / 2012  
**Transaction ID : 19685620**

Amount of Each Receipt this Period  
 300.00

**C. Dr. Eric John Polansky**  
Full Name (Last, First, Middle Initial)

Mailing Address Advanced Foot & Ankle Care  
1000 Michigan St.

City Sidney	State OH	Zip Code 45365-2404
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FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Foot & Ankle Care	Occupation Podiatric Physician
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2012  
**Transaction ID : 19685624**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 22 (check only one)
<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. Mark E. Reiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Abernathy Lake Cove

City Jonesboro State AR Zip Code 72404-8403

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

Name of Employer The Podiatry Group, The Foot Doctors, Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 26 / 2012  
**Transaction ID : 19685628**

Amount of Each Receipt this Period  
1000.00

**B. Dr. John W. Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 151 N. Jefferson St., P.O. Box 688

City Milledgeville State GA Zip Code 31059-0688

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  
01 / 28 / 2012  
**Transaction ID : 19687374**

Amount of Each Receipt this Period  
300.00

**C. Dr. Vito N. Giardina**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 Chesapeake Landing

City Annapolis State MD Zip Code 21403-2616

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  
01 / 27 / 2012  
**Transaction ID : 19692652**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Gregory T. Amarantos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1291 Lawrence Ave.  
 City Lake Forest State IL Zip Code 60045-3639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Amarantos Foot Center Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: 01 / 31 / 2012  
**Transaction ID : 19692667**  
 Amount of Each Receipt this Period: **300.00**

**B. Dr. Joseph H. Strickland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2990 Longbrooke Way  
 City Clearwater State FL Zip Code 33760-1719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self-Employed Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: 01 / 31 / 2012  
**Transaction ID : 19714000**  
 Amount of Each Receipt this Period: **300.00**

**C. Dr. Stuart A. Courtney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3590 N. 45th Ave.  
 City Hollywood State FL Zip Code 33021-2450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Self-Employed Occupation: Podiatric Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: 01 / 31 / 2012  
**Transaction ID : 19714001**  
 Amount of Each Receipt this Period: **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 22
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John R. Heiser</b>		Date of Receipt 01 / 31 / 2012 <b>Transaction ID : 19714126</b>
Mailing Address 10010 S.W. 86th Ter.		Amount of Each Receipt this Period 300.00
City Gainesville	State FL	Zip Code 32608-6277
FEC ID number of contributing federal political committee. C	Name of Employer Gainesville Podiatry 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>B. Dr. Robert W. Tinsley III</b>		Date of Receipt 01 / 31 / 2012 <b>Transaction ID : 19714127</b>
Mailing Address 3465 Shady Run Rd.		Amount of Each Receipt this Period 300.00
City Melbourne	State FL	Zip Code 32934-8569
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. Joseph M. Caporusso</b>		Date of Receipt 01 / 31 / 2012 <b>Transaction ID : 19714129</b>
Mailing Address 217 E. Yellowhammer Ave.		Amount of Each Receipt this Period 1000.00
City McAllen	State TX	Zip Code 78504-1622
FEC ID number of contributing federal political committee. C	Name of Employer Complete Family Foot Care	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Barney A. Greenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16283 Cayuga Cir.  
 City Davie State FL Zip Code 33331-2155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podiatry Associates Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 19714130**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Dennis R. Frisch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1070 S.W. 19th St.  
 City Boca Raton State FL Zip Code 33486-6830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boca Raton Podiatry Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 19714131**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. Mark S. Block**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 Glades Rd. #120  
 City Boca Raton State FL Zip Code 33431-6466  
 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  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 19714132**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Richard H. Mann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 258 S.E. 6th Ave. #5  
 City Delray Beach State FL Zip Code 33483-5259  
 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  
 01 / 31 / 2012  
**Transaction ID : 19714133**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Thomas P. Broner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1354 Pinewood Rd.  
 City Jacksonville Beach State FL Zip Code 32250-2931  
 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  
 01 / 31 / 2012  
**Transaction ID : 19714134**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Marc B. Klein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22125 Martella Ave.  
 City Boca Raton State FL Zip Code 33433-4661  
 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  
 01 / 31 / 2012  
**Transaction ID : 19714135**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Evelyn M. Cloud IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8211 Mar Del Plata St. E.  
 City Jacksonville State FL Zip Code 32256-7349  
 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 / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 19714136**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Stephen M. Meritt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2636 Forest Point Ct.  
 City Jacksonville State FL Zip Code 32257-5623  
 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 / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 19714137**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. W. Christopher Fleming**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3008 S.W. 41st Ln.  
 City Ocala State FL Zip Code 34474-5860  
 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 / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 19714138**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Dr. Timothy Tillo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12276 San Jose Blvd. #606

City Jacksonville	State FL	Zip Code 32223-8672
----------------------	-------------	------------------------

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
01	/	31	/	2012

**Transaction ID : 19714139**

Amount of Each Receipt this Period  

300.00
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**B. Dr. Paul Davis Brooks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 56 Blithewood Dr.

City Pensacola	State FL	Zip Code 32514-8193
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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
01	/	31	/	2012

**Transaction ID : 19714140**

Amount of Each Receipt this Period  

300.00
--------

**C. Dr. Matthew H. Etheridge**  
Full Name (Last, First, Middle Initial)  
Mailing Address 401 Andrew Jackson Trl.

City Gulf Breeze	State FL	Zip Code 32561-4414
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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
01	/	31	/	2012

**Transaction ID : 19714141**

Amount of Each Receipt this Period  

300.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Kevin H. Lapoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 6572 Marbletree Ln.

City Lake Worth State FL Zip Code 33467-7233

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  
01 / 31 / 2012  
**Transaction ID : 19714142**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 8127 S.W. 43rd Pl.

City Gainesville State FL Zip Code 32608-4224

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

Name of Employer Gainesville Podiatry Associates  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012  
**Transaction ID : 19714143**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 4561 Canopy Rd.

City Pensacola State FL Zip Code 32504-7801

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

Name of Employer Gulf Coast Podiatry  
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  
01 / 31 / 2012  
**Transaction ID : 19714144**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 283 104th Ave. #106

City State Zip Code  
Treasure Island FL 33706-4828

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

Name of Employer Occupation  
Self-Employed 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  
01 / 31 / 2012  
**Transaction ID : 19714145**

Amount of Each Receipt this Period  
300.00

**B. Dr. Brad S. Mattison**  
Full Name (Last, First, Middle Initial)

Mailing Address 5651 N.W. 38th Ter.

City State Zip Code  
Boca Raton FL 33496-2720

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

Name of Employer Occupation  
Oakwood Lakes Podiatry Group 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  
01 / 31 / 2012  
**Transaction ID : 19714146**

Amount of Each Receipt this Period  
300.00

**C. Dr. Robert Frimmel**  
Full Name (Last, First, Middle Initial)

Mailing Address 3527 Palonia Ct.

City State Zip Code  
Sarasota FL 34239-5929

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

Name of Employer Occupation  
Sarasota Footcare Center Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012  
**Transaction ID : 19714147**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Robert A. Iannacone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3081 N.E. Heather Ct.  
 City Jensen Beach State FL Zip Code 34957-5071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iannacone Podiatry 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  
 01 / 31 / 2012  
**Transaction ID : 19714148**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Tyler B. Brahm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1950 Sever Dr.  
 City Clearwater State FL Zip Code 33764-4714  
 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  
 01 / 31 / 2012  
**Transaction ID : 19714149**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Scarlett Ann Kinley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 935 23rd Ave. N.  
 City Saint Petersburg State FL Zip Code 33704-3225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bay Area Foot & Ankle Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 19714150**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Martin E. Karns**

Mailing Address 6496 San Michel Way

City Delray Beach      State FL      Zip Code 33484-6967

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  
01 / 31 / 2012  
**Transaction ID : 19714151**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 2563 Spreading Oaks Ln.

City Jacksonville      State FL      Zip Code 32223-6535

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

Name of Employer: Podiatry Associates of FL      Occupation: Podiatric Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012  
**Transaction ID : 19714152**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Lawrence J. Sturm**

Mailing Address 9815 N.W. 28 Ct.

City Coral Springs      State FL      Zip Code 33065-1412

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  
01 / 31 / 2012  
**Transaction ID : 19714153**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶      900.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. Christopher M. Englert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 Lake Eloise Place Dr.  
 City Winter Haven State FL Zip Code 33884-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Podiatry Center, P.A. 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  
 01 / 31 / 2012  
**Transaction ID : 19714154**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Stephen D. Lasday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W. Coast Podiatry Center  
 1611 53rd Ave. W.  
 City Bradenton State FL Zip Code 34207-2868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer W. Coast Podiatry Center Occupation Podiatric Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : 19714155**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Joan M. Koewler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 713 Bayshore Rd.  
 City Nokomis State FL Zip Code 34275-1915  
 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  
 01 / 31 / 2012  
**Transaction ID : 19714156**  
 Amount of Each Receipt this Period  
 250.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Podiatric Medical Association Political Action Committee**

**A. Dr. Andre M. Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 137 Millport St.  
City Port Charlotte State FL Zip Code 33948-7754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Foot & Ankle Centers of Charlotte Coun 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  
01 / 31 / 2012  
**Transaction ID : 19714159**  
Amount of Each Receipt this Period  
250.00

**B. Dr. Michael J. King**  
Full Name (Last, First, Middle Initial)  
Mailing Address 176 Sweet Farm Rd.  
City Portsmouth State RI Zip Code 02871-1291  
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  
M M / D D / Y Y Y Y Y Y  
01 / 31 / 2012  
**Transaction ID : 19714210**  
Amount of Each Receipt this Period  
1000.00

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24500.00