

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814 1698 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2009 through 09 30 2009

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. Barney Greenberg, DPM

Signature of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM Date 10 19 2009

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 FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		322169.33
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	365710.10									
(c) Total Receipts (from Line 19)	23934.00	372093.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	389644.10	694262.83								
7. Total Disbursements (from Line 31)	33745.25	338363.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	355898.85	355898.85								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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)	14100.00	236943.00
(ii) Unitemized	9834.00	133150.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	23934.00	370093.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23934.00	371093.50
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	1000.00
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 Transfer (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))	23934.00	372093.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23934.00	372093.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	61906.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	61906.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32960.25	275460.25
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	212.50
(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	212.50
29. Other Disbursements.....	785.00	785.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	33745.25	338363.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33745.25	338363.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

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	23934.00	371093.50
34. Total Contribution Refunds (from Line 28(d))	0.00	212.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23934.00	370881.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	61906.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	61906.23

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29

(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

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.

Full Name (Last, First, Middle Initial)
Dr. Chris C. Panagoulas

Mailing Address 30 Bates Dr.

City State Zip Code
Nashua NH 03064-1701

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
09 / 01 / 2009

Transaction ID: 17509991

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Anthony M. Lombardo

Mailing Address 17104 Westridge Meadow Dr.

City State Zip Code
Chesterfield MO 63005-1337

FEC ID number of contributing federal political committee. C

Name of Employer Bridgeton Podiatry
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
09 / 03 / 2009

Transaction ID: 17512087

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Terrence Klamet

Mailing Address 1849 Shiloh Valley

City State Zip Code
Chesterfield MO 63005-8420

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
09 / 03 / 2009

Transaction ID: 17512089

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29
(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. Full Name (Last, First, Middle Initial)
Dr. Randall A. Cooper

Mailing Address 26237 Lake Dr.

City State Zip Code
Elkhart IN 46514-6248

FEC ID number of contributing federal political committee. C

Name of Employer: Elkhart Podiatry Clinic, P.C. Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 04 / 2009

Transaction ID: 17512175

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dr. G. Michael Johnson, Jr.

Mailing Address 5881 Bayou Rd.

City State Zip Code
Mobile AL 36605-9414

FEC ID number of contributing federal political committee. C

Name of Employer: Medical Center Podiatry, P.C. Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2009

Transaction ID: 17513750

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Chris Matthew Byrne

Mailing Address 565 Woodland Dr.

City State Zip Code
Arroyo Grande CA 93420-4247

FEC ID number of contributing federal political committee. C

Name of Employer: San Luis Podiatry Group Occupation: Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2009

Transaction ID: 17513751

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 850.00

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 8 / 29
(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. Full Name (Last, First, Middle Initial)
Dr. Geoffrey C. Bricker

Mailing Address 2122 E. Lon St.

City State Zip Code
Springfield MO 65803-4809

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 ▼ 250.00

Date of Receipt 09 / 09 / 2009
Transaction ID: 17513772

Amount of Each Receipt this Period 250.00

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

Mailing Address Salem Foot Clinic
350 Miller St. S.E.

City State Zip Code
Salem OR 97302-4248

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Salem Foot Clinic Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2009
Transaction ID: 17513782

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Vafa N. Ferdowsian

Mailing Address 3 Eagle Shore Dr.

City State Zip Code
Conway AR 72032-2204

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ferdowsian Foot & Ankle Clinic Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 09 / 2009
Transaction ID: 17513785

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1750.00

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 9 / 29
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Corin Q. Wilde		Date of Receipt
	Mailing Address 2201 S. Stilwell St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2009
	City	State	Zip Code
	Pittsburg	KS	66762-6443
	FEC ID number of contributing federal political committee. C		Transaction ID: 17513875
Name of Employer SEK Foot Clinic		Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 150.00

B.	Full Name (Last, First, Middle Initial) Dr. Francis John Rottier		Date of Receipt
	Mailing Address 1529 W. Montana St. #1		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2009
	City	State	Zip Code
	Chicago	IL	60614-2007
	FEC ID number of contributing federal political committee. C		Transaction ID: 17513896
Name of Employer Self-Employed		Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Stuart J. Alter		Date of Receipt
	Mailing Address 4176 Canal Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 11 / 2009
	City	State	Zip Code
	Mobile	AL	36619-9701
	FEC ID number of contributing federal political committee. C		Transaction ID: 17521371
Name of Employer Self-Employed		Occupation Podiatric Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 150.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29
(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.

Full Name (Last, First, Middle Initial)
Dr. Julie D. Overby-Alter

Mailing Address 4176 Canal Dr.

City State Zip Code
Mobile AL 36619-9701

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed 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
09 / 11 / 2009

Transaction ID: 17521372

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey S. Brooks

Mailing Address Midwest Podiatry & Associates
11709 Old Ballas Rd. #201

City State Zip Code
Creve Coeur MO 63141-7029

FEC ID number of contributing federal political committee. C

Name of Employer Midwest Podiatry & Associates Occupation
Midwest Podiatry & Associates 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
09 / 12 / 2009

Transaction ID: 17523853

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Geoffrey C. Bricker

Mailing Address 2122 E. Lon St.

City State Zip Code
Springfield MO 65803-4809

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
Self-Employed 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
09 / 12 / 2009

Transaction ID: 17523854

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 550.00

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 11 / 29
(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.

Full Name (Last, First, Middle Initial)
Dr. Stephen H. Powless

Mailing Address Park Nicollet Clinic
3900 Park Nicollet Blvd.

City State Zip Code
Saint Louis Park MN 55416-2620

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

Name of Employer Park Nicollet Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: 17523996

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. John Thomas Callahan

Mailing Address 5220 Eola Dr. N.W.

City State Zip Code
Salem OR 97304-3355

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

Name of Employer Santiam Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 17529416

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Phyllis A. Ragley

Mailing Address 1112 W. 6th St. #112

City State Zip Code
Lawrence KS 66044-2249

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
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: 17529418

Amount of Each Receipt this Period
300.00

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: PAGE 12 / 29
(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. Full Name (Last, First, Middle Initial)
Dr. Lisa M. DeTournay

Mailing Address DeTournay & Millar, DPM, P.A.
12516 N. Kendall Dr.

City Miami State FL Zip Code 33186-1817

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

Name of Employer DeTournay & Millar, DPM, P.A. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2009
Transaction ID: 17533788
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Carol F. LaRose

Mailing Address Alliance Foot & Ankle
2741 Debarr Rd. #C315

City Anchorage State AK Zip Code 99508-2992

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

Name of Employer Alliance Foot & Ankle Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2009
Transaction ID: 17533790
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. William P. Crotty

Mailing Address 5601 Park Ave.

City Fort Smith State AR Zip Code 72903-1428

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

Name of Employer Crotty Foot Clinic, P.A. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 23 / 2009
Transaction ID: 17538272
Amount of Each Receipt this Period 2500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(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.

Full Name (Last, First, Middle Initial)
Dr. Thomas J. Boysen

Mailing Address 611 Ridgewood Ct.

City State Zip Code
Oak Brook IL 60523-2609

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

Name of Employer Occupation
Self-Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17543572

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Andrew V. Wahl

Mailing Address 17860 Richmond Rd.

City State Zip Code
Plainfield IL 60586-8219

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

Name of Employer Occupation
Essington Podiatry Group Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17543573

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael James Chin

Mailing Address 15 N. Racine Ave. #501

City State Zip Code
Chicago IL 60607-2003

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

Name of Employer Occupation
Windy City Foot & Ankle Physicians Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: 17543574

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)

950.00

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 / 29
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Roland A. Tolliver, Jr.

Mailing Address 2618 Bayberry Ct.

City State Zip Code
Freeport IL 61032-9220

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

Name of Employer: Freeport Podiatry Services
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: 17543575
Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Thomas S. Dwyer

Mailing Address 520 Grant St.

City State Zip Code
Sycamore IL 60178-1711

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: 09 / 24 / 2009
Transaction ID: 17543576
Amount of Each Receipt this Period: 150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Adam David Grossman

Mailing Address Grossman Podiatry Center
27 E. Maiden St.

City State Zip Code
Washington PA 15301-4941

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

Name of Employer: Grossman Podiatry Center
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 09 / 24 / 2009
Transaction ID: 17544205
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 / 29
(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. Full Name (Last, First, Middle Initial)
Dr. Danny J. Aquilar

Mailing Address 19 Water Oak Ln.

City Russellville State AR Zip Code 72802-9080

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2009

Transaction ID: 17546570

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Angelo B. Sutera, Jr.

Mailing Address 5 Powell Ct.

City Glen Mills State PA Zip Code 19342-1781

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 09 / 25 / 2009

Transaction ID: 17546643

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark F. Rogers

Mailing Address Central UT Foot & Ankle Clinic
150 W. 800 N.

City Provo State UT Zip Code 84601-1624

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

Name of Employer Central UT Foot & Ankle Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 25 / 2009

Transaction ID: 17554023

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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 / 29
(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.

Full Name (Last, First, Middle Initial)
Dr. M. Diane Collier

Mailing Address 800 N. Iroquois Ave.

City Dothan State AL Zip Code 36303-3224

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

Name of Employer Alabama South Family Podiatry 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
 0 9 / 2 8 / 2 0 0 9

Transaction ID: 17554038

Amount of Each Receipt this Period
 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Joan M. Meyer

Mailing Address 3240 Purer Rd.

City Escondido State CA Zip Code 92029-7250

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
 0 9 / 2 8 / 2 0 0 9

Transaction ID: 17554041

Amount of Each Receipt this Period
 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert T. Hoover, II

Mailing Address Foot & Ankle Associates of FL
661 E. Altamonte Dr. #210

City Altamonte Springs State FL Zip Code 32701-5102

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

Name of Employer Foot & Ankle Associates of FL 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
 0 9 / 2 8 / 2 0 0 9

Transaction ID: 17554047

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 17 / 29
(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.

Full Name (Last, First, Middle Initial)
Dr. Sean Paul Schwarzentraub

Mailing Address 5415 99th St.

City Lubbock State TX Zip Code 79424-6248

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

Name of Employer Schwarzentraub Foot 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
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17554050

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Steven B. Geduldig

Mailing Address Foot Specialists
9119 W. 74th St. #352

City Shawnee Mission State KS Zip Code 66204-2229

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

Name of Employer Foot Specialists 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
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17554055

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Odin de los Reyes

Mailing Address 22 Wedge Dr.

City Meriden State CT Zip Code 06450-6966

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

Name of Employer Self 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
0 9 / 2 8 / 2 0 0 9

Transaction ID: 17554058

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 18 / 29
(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. Full Name (Last, First, Middle Initial)
Dr. Wendy Sue Winckelbach

Mailing Address 3788 Highland Park DR

City Greenwood State IN Zip Code 46143-8231

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

Name of Employer Southside Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 29 / 2009
Transaction ID: 17556379
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Karen F. Sanicola

Mailing Address 19511 Spring Valley Dr.

City Hagerstown State MD Zip Code 21742-2411

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 09 / 29 / 2009
Transaction ID: 17556554
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. W. Joseph Schoeppner

Mailing Address 3322 Perrydale St. N.W.

City Uniontown State OH Zip Code 44685-6812

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 09 / 30 / 2009
Transaction ID: 17583343
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

TOTAL This Period (last page this line number only) ► 14100.00

**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

A.	Full Name (Last, First, Middle Initial) Garamendi For Congress	Transaction ID: 17513583 Date of Disbursement 09 / 08 / 2009
	Mailing Address C/O California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426	Amount of Each Disbursement this Period 1000.00
	City Long Beach State CA Zip Code 90807	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. John Garamendi	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2001 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ California Special E
	State: CA District: 10	

B.	Full Name (Last, First, Middle Initial) Ben Cardin For Congress	Transaction ID: 17513584 Date of Disbursement 09 / 08 / 2009
	Mailing Address 100 E. Pratt Street 26th Floor	Amount of Each Disbursement this Period 1000.00
	City Baltimore State MD Zip Code 21202	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Benjamin L. Cardin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MD District: 03	

C.	Full Name (Last, First, Middle Initial) Grassley Committee	Transaction ID: 17513594 Date of Disbursement 09 / 08 / 2009
	Mailing Address PO Box 1000	Amount of Each Disbursement this Period 1960.25
	City Des Moines State IA Zip Code 50304	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Charles E. Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IA District:	

SUBTOTAL of Disbursements This Page (optional) ▶

3960.25

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Larson For Congress Mailing Address 29 Ruff Circle City Glastonbury State CT Zip Code 06033 Purpose of Disbursement 011 Candidate Name Rep. John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	Transaction ID: 17513595 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>
B.	Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congress Mailing Address 2466 Unicornio Street City Carlsbad State CA Zip Code 92009 Purpose of Disbursement 011 Candidate Name Brian Bilbray Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 49	Transaction ID: 17513598 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Herseth For Congress Mailing Address PO Box 2009 City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement 011 Candidate Name Rep. Stephanie Herseth Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01	Transaction ID: 17513600 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

<p>A. Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address 104 Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Fred Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 06</p>	<p>Transaction ID: 17513604 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	8		2	0	0	9													
1500.00																						
<p>B. Full Name (Last, First, Middle Initial) Van Hollen For Congress</p> <p>Mailing Address 10605 Concord St., Ste 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Chris Van Hollen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 08</p>	<p>Transaction ID: 17513605 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	8		2	0	0	9													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Butterfield For Congress Committee</p> <p>Mailing Address 800 W Hines Street</p> <p>City Wilson State NC Zip Code 27893</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. George Butterfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 01</p>	<p>Transaction ID: 17513606 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	8		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	8		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) John Lewis For Congress <hr/> Mailing Address 1520 Pinehurst Drive Sw <hr/> City Atlanta State GA Zip Code 30311 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17513610 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Stabenow For Us Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Debbie Stabenow <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 17513614 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 9
Amount of Each Disbursement this Period 1000.00	Full Name (Last, First, Middle Initial) Brad Miller For United States Congress <hr/> Mailing Address P.O. Box 10322 <hr/> City Raleigh State NC Zip Code 27605 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Bradley Miller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown</p> <p>Mailing Address PO BOX 76187 Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17513619</p> <p>Date of Disbursement 09 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Engel For Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17513629</p> <p>Date of Disbursement 09 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address PO Box 71 PO Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 17513639</p> <p>Date of Disbursement 09 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Michaud For Congress <hr/> Mailing Address 213 Lisbon Street <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael H. Michaud <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17513640 Date of Disbursement 09 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Welch For Congress <hr/> Mailing Address PO Box 1086 <hr/> City Montpelier State VT Zip Code 05601 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Peter Welch <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17513642 Date of Disbursement 09 / 08 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Ben Cardin For Congress <hr/> Mailing Address 100 E. Pratt Street 26th Floor <hr/> City Baltimore State MD Zip Code 21202 <hr/> Purpose of Disbursement Void - Ben Cardin For Congress <hr/> Candidate Name Rep. Benjamin L. Cardin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17521398 Date of Disbursement 09 / 11 / 2009 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> 011 Category/ Type Void - Ben Cardin For Congress

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Ben Cardin For Senate</p> <p>Mailing Address PO Box 65056</p> <p>City Baltimore State MD Zip Code 21209</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Benjamin Cardin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District:</p>	<p>Transaction ID: 17521399</p> <p>Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Patrick Kennedy</p> <p>Mailing Address PO BOX 321</p> <p>City PAWTUCKET State RI Zip Code 02862</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Patrick J. Kennedy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: RI District: 01</p>	<p>Transaction ID: 17523998</p> <p>Date of Disbursement 09 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Doyle For Congress Committee</p> <p>Mailing Address 2227 Hampton Street</p> <p>City Pittsburgh State PA Zip Code 15218</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Michael F. Doyle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 14</p>	<p>Transaction ID: 17534150</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Whitehouse for Senate <hr/> Mailing Address PO Box 40280 <hr/> City Providence State RI Zip Code 02920 <hr/> Purpose of Disbursement 011 Candidate Name Sheldon Whitehouse Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:	Transaction ID: 17534155 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Diana DeGette For Congress <hr/> Mailing Address P.O. Box 61337 <hr/> City Denver State CO Zip Code 80206 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Diana DeGette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 01	Transaction ID: 17534161 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Richard Burr Committee (Senate) <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Richard Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 17534162 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">3000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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

<p>A. Full Name (Last, First, Middle Initial) Hoosiers for Hill</p> <p>Mailing Address P.O. Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Baron P. Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 09</p>	<p>Transaction ID: 17534163 Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Rogers For Congress</p> <p>Mailing Address WM Fundraising & Events, Inc. 1320 13th St NW, #2</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Michael D. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 03</p>	<p>Transaction ID: 17534164 Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Judy Biggert For Congress</p> <p>Mailing Address P.O. Box 637</p> <p>City Hinsdale State IL Zip Code 60522</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Judy Biggert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 13</p>	<p>Transaction ID: 17534166 Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<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

A. Full Name (Last, First, Middle Initial) Inslee For Congress Mailing Address PO Box 33027 City Seattle State WA Zip Code 98133 Purpose of Disbursement Candidate Name Rep. Jay Inslee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17534172 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Mary Bono Committee Mailing Address P.O. Box 3370 City Palm Springs State CA Zip Code 92263 Purpose of Disbursement Candidate Name Rep. Mary Bono Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 17534173 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

32960.25

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Comptroller Of Maryland	Transaction ID: 17529381 Date of Disbursement 09 / 15 / 2009
	Mailing Address Revenue Administration Division	Amount of Each Disbursement this Period 785.00
	City Annapolis State MD Zip Code 21411-0001	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Comptroller Of Maryland	Transaction ID: 17529394 Date of Disbursement 09 / 18 / 2009
	Mailing Address Revenue Administration Division	Amount of Each Disbursement this Period -785.00
	City Annapolis State MD Zip Code 21411-0001	
	Purpose of Disbursement Void - Comptroller Of Maryland	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Comptroller Of Maryland	Transaction ID: 17529395 Date of Disbursement 09 / 15 / 2009
	Mailing Address Revenue Administration Division	Amount of Each Disbursement this Period 785.00
	City Annapolis State MD Zip Code 21411-0001	
	Purpose of Disbursement	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	785.00
TOTAL This Period (last page this line number only)	785.00