10/19/2009 13:12

Image# 29935331872

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2009 09 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 10 19 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/29

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American Podiatric Medical Association Political Action Committee

D D <sup>®</sup>D 09 0 1 2009 0.9 3 0 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 322169.33 January 1 (b) Cash on Hand at 365710.10 Begining of Reporting Period ..... 23934.00 372093.50 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 389644.10 694262.83 6(a) and 6(c) for Column B) ..... 338363.98 33745.25 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 355898.85 355898.85 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

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

### For further information contact:

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

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 29

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

Report Covering the Period:

From: 0 9 M

D D 0 1

2009

та.

м м 0 9 <sup>D</sup> 3 0

<sup>Y</sup> 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	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) d) Total Contributions (add Lines	0.00	1000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23934.00	371093.50
	Fransfers From Affiliated/Other	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	o Federal candidates and Other Political Committees	0.00	1000.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers 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
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	23934.00	372093.50
	otal Federal Receipts subtract Line 18(c) from Line 19)	23934.00	372093.50

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 29

II. DIS	BURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating I     Share	Expenditures: —— d Federal/Non-Federal		
	y (from Schedule H4)	0.00	0.00
(i) F	ederal Share	0.00	0.00
(ii) N	Ion-Federal Share	0.00	0.00
` '	Federal Operating	0.00	01000.00
	ditures	0.00	61906.23
	Operating Expenditures (1(a)(i), (a)(ii) and (b))	0.00	61906.23
	o Affiliated/Other Party	0.00	01000.20
	S	0.00	0.00
<ol><li>Contributio</li></ol>	ns to		
	ndidates/Committees	32960.25	275460.25
-	nt Expenditure	0.00	0.00
<ol> <li>Coordinate</li> </ol>	d Expenditures Made by Party	0.00	0.30
Committee	s (2 U.S.C. 441a(d)) Jule F)	0.00	0.00
(223 001100			
6. Loan Repa	yments Made	0.00	0.00
7   1 0 0 0 0 M = -1		0.00	0.00
	e Contributions To:	0.00	0.00
	uals/Persons Other Political Committees	0.00	212.50
manı	Political Committees		
, ,	al Party Committees	0.00	0.00
( )	Political Committees	0.00	0.00
,	as PACs) Contribution Refunds	0.00	0.00
. ,	ines 28(a), (b), and (c))	0.00	212.50
(4000 -			
Other Disb	ursements	785.00	785.00
). Federal Ele	ection Activity (2 U.S.C 431(20))		
` '	Federal Election Activity		
`	Schedule H6)	0.00	0.00
(i) Fed	leral Share	0.00	0.00
(ii) "Le	evin" Share	0.00	0.00
` '	al Election Activity Paid Entirely	0.00	0.00
-	ederal Funds	0.00	3.00
` '	Federal Election Activity (add s 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Dish	ursements (add Lines 21(c), 22,		
	, 26, 27, 28(d), 29 and 30(c))	33745.25	338363.98
	eral Disbursements		
,	Line 21(a)(ii) and Line 30(a)(ii)	33745.25	338363.98
urom i me	31)	33/43.23	330303.90

### **DETAILED SUMMARY PAGE**

of Disbursements

	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

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 29 (check only one)    X
	ny information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Dr. Chris C. Panagoulias Mailing Address 30 Bates Dr.			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>Nashua</u>	State NH	Zip Code 03064-1701	Transaction ID: 17509991  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	<del>-  </del>	n Physician Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Anthony M. Lombardo Mailing Address 17104 Westridge Mea	adow Dr.		Date of Receipt  0 9 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 17512087
	Chesterfield  FEC ID number of contributing federal political committee.	C	63005-1337	Amount of Each Receipt this Period 250.00
	Name of Employer Bridgeton Podiatry	Occupation Podiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Terrence Klamet  Mailing Address 1849 Shiloh Valley			Date of Receipt  0 9 0 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 17512089
	Chesterfield  FEC ID number of contributing federal political committee.	MO C	63005-8420	Amount of Each Receipt this Period  250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1		750.00

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associat	ion Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Randall A. Cooper			Date of Receipt
	Mailing Address 26237 Lake Dr.			09 04 2009
	City Elkhart	State IN	Zip Code 46514-6248	Transaction ID: 17512175  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Elkhart Podiatry Clinic, P.C.	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. G. Michael Johnson, Jr.			Date of Receipt
	Mailing Address 5881 Bayou Rd.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 17513750
	Mobile  FEC ID number of contributing federal political committee.	C	36605-9414	Amount of Each Receipt this Period 500.00
	Name of Employer Medical Center Podiatry, P.C.	Occupation Podiatric	n : Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Chris Matthew Byrne			Date of Receipt
	Mailing Address 565 Woodland Dr.			09 08 2009
	City	State	Zip Code	Transaction ID: 17513751
	Arroyo Grande FEC ID number of contributing federal political committee.	CA	93420-4247	Amount of Each Receipt this Period 250.00
	Name of Employer San Luis Podiatry Group	Occupation Podiatric	n : Physician	
	Receipt For:  Primary  General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		850.00

	EDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 29 (check only one)    X
or for o	formation copied from such Reports and sommercial purposes, other than using the ME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
An	nerican Podiatric Medical Association	on Political A	action Committee	
<u>Dr.</u>	l Name (Last, First, Middle Initial) Geoffrey C. Bricker			Date of Receipt
	iling Address 2122 E. Lon St.			09 / 09 / 2009
City	y oringfield	State MO	Zip Code	Transaction ID: 17513772
FE	C ID number of contributing eral political committee.	C	65803-4809	Amount of Each Receipt this Period  250.00
Na Se	me of Employer If-Employed	Occupatio Podiatric	n Physician	
Red	ceipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 250.00	
Dr.	l Name (Last, First, Middle Initial) Richard W. Peffley	<u> </u>		Date of Receipt
	iling Address Salem Foot Clinic 350 Miller St. S.E.			09 09 2009
City		State OR	Zip Code	Transaction ID: 17513782
FE	llem C ID number of contributing eral political committee.	C	97302-4248	Amount of Each Receipt this Period
Na Sa	me of Employer lem Foot Clinic	Occupatio Podiatric	n : Physician	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	l Name (Last, First, Middle Initial) Vafa N. Ferdowsian			Date of Receipt
Ма	iling Address 3 Eagle Shore Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 17513785
FE	onway  C ID number of contributing eral political committee.	C	72032-2204	Amount of Each Receipt this Period 500.00
Nai Fei Clii	me of Employer rdowsian Foot & Ankle nic	Occupatio Podiatric	n Physician	
	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBT	FOTAL of Receipts This Page (optional) .			1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29   (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	iation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Corin Q. Wilde			Date of Receipt
Mailing Address 2201 S. Stilwell St.			09 09 2009
City Pittsburg	State KS	Zip Code 66762-6443	Transaction ID: 17513875  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer SEK Foot Clinic	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Francis John Rottier			Date of Receipt
Mailing Address 1529 W. Montana	St. #1		0 9 0 9 2 0 0 9
City <u>Chicago</u>	State IL	Zip Code 60614-2007	Transaction ID: 17513896
FEC ID number of contributing federal political committee.	C	00014-2007	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stuart J. Alter			Date of Receipt
Mailing Address 4176 Canal Dr.			0 9 1 1 2 0 0 9
City Mobile	State AL	Zip Code 36619-9701	Transaction ID: 17521371  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30013 3701	150.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (options			550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 29 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Julie D. Overby-Alter  Mailing Address 4176 Canal Dr.			Date of Receipt
City Mobile	State AL	Zip Code 36619-9701	Transaction ID: 17521372  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	<del> </del>	n Physician e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Brooks  Mailing Address Midwest Podiatry & 11709 Old Ballas Ro			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17523853
Creve Coeur  FEC ID number of contributing federal political committee.	C	63141-7029	Amount of Each Receipt this Period  150.00
Name of Employer Midwest Podiatry & Associates Receipt For:  Primary General  Other (specify) ▼	_ , ,	n Physician • Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Geoffrey C. Bricker			Date of Receipt
Mailing Address 2122 E. Lon St.			09 12 2009
City Springfield	State MO	Zip Code 65803-4809	Transaction ID: 17523854
FEC ID number of contributing federal political committee.	C	03003-4009	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed		Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	)		550.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one)    X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>4.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen H. Powless  Mailing Address Park Nicollet Clinic 3900 Park Nicollet Blvd	d. State	Zip Code	Date of Receipt    M
	Saint Louis Park  FEC ID number of contributing federal political committee.	MN	55416-2620	Amount of Each Receipt this Period 250.00
	Name of Employer Park Nicollet Clinic  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		n Physician e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. John Thomas Callahan Mailing Address 5220 Eola Dr. N.W.	l		Date of Receipt  0 9 1 8 2 0 0 9
	City Salem  FEC ID number of contributing federal political committee.	State OR	Zip Code 97304-3355	Transaction ID: 17529416  Amount of Each Receipt this Period  500.00
	Name of Employer Santiam Foot Clinic  Receipt For:	Occupatio Podiatric	n Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼	33 3 3	500.00	
	Full Name (Last, First, Middle Initial) Dr. Phyllis A. Ragley  Mailing Address 1112 W. 6th St. #112			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City <u>Lawrence</u> FEC ID number of contributing federal political committee.	State KS	Zip Code 66044-2249	Transaction ID: 17529418  Amount of Each Receipt this Period  300.00
	Name of Employer Self-Employed Receipt For:	, '	Physician	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
[	SUBTOTAL of Receipts This Page (optional)	1		1050.00

## SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 29 (check only one)    X
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Associatio	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>∠</b> <b>4</b> .	Full Name (Last, First, Middle Initial) Dr. Lisa M. DeTournay Mailing Address DeTournay & Millar, Dr.	PM, P.A.		Date of Receipt  0 9 2 2 2 0 0 9
	12516 N. Kendall Dr. City	State	Zip Code	Transaction ID: 17533788
	<u>Miami</u>	FL	33186-1817	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer DeTournay & Millar, DPM, P.A. Receipt For: Primary General Other (specify)		on c Physician e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Carol F. LaRose Mailing Address Alliance Foot & Ankle			Date of Receipt
	2741 Debarr Rd. #C31	5		0 9 2 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 17533790
	Anchorage  FEC ID number of contributing federal political committee.	C	99508-2992	Amount of Each Receipt this Period 250.00
	Name of Employer Alliance Foot & Ankle	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. William P. Crotty			Date of Receipt
	Mailing Address 5601 Park Ave.			09 23 2009
	City	State	Zip Code	Transaction ID: 17538272
	Fort Smith	AR	72903-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2500.00
	Name of Employer Crotty Foot Clinic, P.A.	Occupation Podiatric	on c Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)			3000.00
	TOTAL This Period (last page this line number of	anly)		

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 13 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	e name and address of any p	olitical committee to se	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas J. Boysen  Mailing Address 611 Ridgewood Ct.  City Oak Brook  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State Zip Code IL 60523-2  C  Occupation Podiatric Physician  Aggregate Year-to-Date	609	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Andrew V. Wahl Mailing Address 17860 Richmond Rd.  City Plainfield  FEC ID number of contributing federal political committee.  Name of Employer Essington Podiatry Group  Receipt For: Primary General Other (specify)	State Zip Code IL 60586-8  C  Occupation Podiatric Physician Aggregate Year-to-Date	219	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Michael James Chin  Mailing Address 15 N. Racine Ave. #5  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Windy City Foot & Ankle Physicians Receipt For: Primary General Other (specify)	State Zip Code IL 60607-2  C  Occupation Podiatric Physician  Aggregate Year-to-Date	003	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		<b>&gt;</b>	950.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 29 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Podiatric Medical Associa	d Statements may not be sold or used by any persible name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Roland A. Tolliver, Jr.  Mailing Address 2618 Bayberry Ct.  City Freeport  FEC ID number of contributing federal political committee.  Name of Employer Freeport Podiatry Services  Receipt For:	State Zip Code IL 61032-9220  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Thomas S. Dwyer  Mailing Address 520 Grant St.	300.00	Date of Receipt  0 9 2 4 2 0 0 9
City  Sycamore  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State Zip Code IL 60178-1711  C  Occupation Podiatric Physician  Aggregate Year-to-Date  400.00	Transaction ID: 17543576  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial) Dr. Adam David Grossman  Mailing Address Grossman Podiatry 27 E. Maiden St.  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer Grossman Podiatry Center	State Zip Code PA 15301-4941  C Occupation	Date of Receipt    M M M
Receipt For:  Primary General  Other (specify)	Podiatric Physician  Aggregate Year-to-Date ▼  250.00	700.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 29 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Danny J. Aquilar		Date of Receipt
Mailing Address 19 Water Oak Ln.		09 25 7 2009
City	State Zip Code	Transaction ID: 17546570
Russellville	AR 72802-9080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Angelo B. Sutera, Jr.		Date of Receipt
Mailing Address 5 Powell Ct.		09 25 YYYYY 2009
City	State Zip Code	Transaction ID: 17546643
Glen Mills	PA 19342-1781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Mark F. Rogers		Date of Receipt
Mailing Address Central UT Foot & 150 W. 800 N.	Ankle Clinic	09 25 2009
City	State Zip Code	Transaction ID: 17554023
Provo	UT 84601-1624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Central UT Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_ [
Primary General Other (specify) ▼	750.00	
	N)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16/29   (check only one)     X   11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. M. Diane Collier			Date of Receipt
Mailing Address 800 N. Iroquois Ave	9.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17554038
Dothan  FEC ID number of contributing federal political committee.	C	36303-3224	Amount of Each Receipt this Period 250.00
Name of Employer Alabama South Family Podi- atry Receipt For:		n Physician • Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Joan M. Meyer			Date of Receipt
Mailing Address 3240 Purer Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17554041
Escondido  FEC ID number of contributing federal political committee.	CA	92029-7250	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation	n Physician	
Receipt For:  Primary General  Other (specify) ▼	- + ·	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert T. Hoover, II			Date of Receipt
Mailing Address Foot & Ankle Assoc			0 9 2 8 2 0 0 9
City Altamonte Springs	State FL	Zip Code 32701-5102	Transaction ID: 17554047
FEC ID number of contributing federal political committee.	C	32701-3102	Amount of Each Receipt this Period 250.00
Name of Employer Foot & Ankle Associates of FL Receipt For:	<del>- ' '</del>	n Physician • Year-to-Date ▼	
Primary General  Other (specify) ▼	Aggregate	250.00	]
SUBTOTAL of Receipts This Page (optiona			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 29 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	d Statements may not be sold or used by any personant the name and address of any political committee to attion Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Sean Paul Schwarzentraub Mailing Address 5415 99th St.  City Lubbock FEC ID number of contributing federal political committee.  Name of Employer Schwarzentraub Foot Clinic Receipt For:	State Zip Code TX 79424-6248  C  Occupation Podiatric Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M C D D C D C D C D C D C D C D C D C
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Steven B. Geduldig  Mailing Address Foot Specialists	500.00	Date of Receipt  0 9 2 8 2 0 0 9
9119 W. 74th St. #3 City Shawnee Mission  FEC ID number of contributing federal political committee.  Name of Employer Foot Specialists  Receipt For: Primary General Other (specify)	State Zip Code KS 66204-2229  C  Occupation Podiatric Physician  Aggregate Year-to-Date  250.00	Transaction ID: 17554055  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) Dr. Odin de los Reyes Mailing Address 22 Wedge Dr.  City Meriden  FEC ID number of contributing federal political committee.	State Zip Code CT 06450-6966	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self  Receipt For:  Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date  800.00	
SUBTOTAL of Receipts This Page (optional	)	1150.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/29   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	tion Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Wendy Sue Winckelbach			Date of Receipt
Mailing Address 3788 Highland Park	DR		09 29 2009
City Greenwood	State IN	Zip Code 46143-8231	Transaction ID: 17556379  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10110 0201	300.00
Name of Employer Southside Foot Clinic	Occupatio Podiatric	n Physician	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Karen F. Sanicola			Date of Receipt
Mailing Address 19511 Spring Valley	Dr.		0 9 2 9 2 0 0 9
City Hagerstown	State MD	Zip Code 21742-2411	Transaction ID: 17556554
FEC ID number of contributing federal political committee.	C	21742*2411	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio	n Physician	
Receipt For:  Primary General  Other (specify) ▼	·	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. W. Joseph Schoeppner			Date of Receipt
Mailing Address 3322 Perrydale St. N	N.W.		0 9 3 0 2 0 0 9
City Uniontown	State OH	Zip Code 44685-6812	Transaction ID: 17583343  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11000 0012	250.00
Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	)	<b>\</b>	800.00
TOTAL This Period (last page this line numb	<u> </u>	•	14100.00

		(FEC FOIIII	•		arate schedule(s)			OR LINE neck only		H:		L	PAGE	19/2	29
ITE	MIZED DIS	SBURSEMEN	ITS		category of the Summary Page			21b 27	22 28a	X	23 28b	24		25 29	20
or fo	or commercial pur	ed from such Reports poses, other than us MITTEE (In Full) atric Medical Asso	ing the name	and addre	ss of any political	con									<u>,                                     </u>
(	Full Name (Last, I Garamendi For Mailing Address	C/O California							Date		sburse	175 ement		3 Ž 0 0 9	Y
L	City Long Beach Purpose of Disbu	3605 Long Bea		State CA	Zip Code 90807				Amou	int o	f Each	Disbu		nt this F	-
(    -	Candidate Name Mr. John Garar	mendi					01 ateg Typ	jory/			0	<u> </u>			
	Office Sought: State: CA	X House Senate President District: 10	X	ment For: Primary Other (special											
F E	Full Name (Last, I Ben Cardin For		ı	· ·					Date o		sburse	175 ement		4 2 0 0 9	Y
-	Mailing Address  City Baltimore	100 E. Pratt St		Floor State MD	Zip Code 21202				0 9 Amou	ınt o				nt this F	
- - ( -	Purpose of Disbur Candidate Name Rep. Benjamin Office Sought:		Disburse		2012 General		01 ateg Typ	jory/					1(	000.00	
F	State: MD Full Name (Last, I Grassley Comr	District: 03 First, Middle Initial)		Other (Spe	William Willi				Date	of Di	sburse				
1	Mailing Address	PO Box 1000							0 9	М	0	8	· . :	ž o ŏ 9	)
[	City Des Moines Purpose of Disbu	vo am ant		State IA	Zip Code 50304				Amou	int o	f Each	Disbui		nt this F	
(	Candidate Name Sen. Charles E		_				01 ateg Typ	jory/		•					
	Office Sought: State: IA	House X Senate President District:	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼										
			· »							•			20	60.25	

## SCHEDULE B (FEC Form 3X)

SCHEDULE B (FEC Form 3X)	Use separate schedule	e(s)		NUMBER:		PAGE	20 / 2	9
ITEMIZED DISBURSEMENTS	for each category of th Detailed Summary Pac	е	(check onl	22 X 28a	23 28b	24 28c	25 29	26
Any Information copied from such Reports and Statem								
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)	and address of any poin	icai coi	mmittee to so	DIICIT CONTRIBUT	ions from s	such comi	nittee	
American Podiatric Medical Association Po	litical Action Commit	tee						
Full Name (Last, First, Middle Initial) Larson For Congress					isburseme		j	
Mailing Address 29 Ruff Circle				09	08	/ Y Ž	0 0 9	Y
	State Zip Code CT 06033			Amount o	f Each Dis	bursemer		eriod
Purpose of Disbursement			011	L		25	00.00	
Candidate Name Rep. John B. Larson			Category/ Type					
Office Sought: X House Disburse Senate X President	ment For: 2010 Primary Gener Other (specify)	al						
State: CT District: 01								
Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congress					isburseme		3	
Mailing Address 2466 Unicornio Street				09	0 8	/	0 0 9	Y
•	State Zip Code CA 92009			Amount o	f Each Dis	bursemer		eriod
Purpose of Disbursement			011	<u> </u>		10	00.00	
Candidate Name Brian Bilbray			Category/ Type					
Office Sought: X House Disburse Senate X President	Primary Gener	al						
State: CA District: 49	Other (specify) ▼							
Full Name (Last, First, Middle Initial) Herseth For Congress				Transacti Date of D	ion ID: 1		)	
Mailing Address PO Box 2009				0 9 M	08	/ 2	0 0 9	Υ
	State Zip Code SD 57101			Amount o	f Each Dis	bursemer		eriod
Purpose of Disbursement			011	L		10	00.00	
Candidate Name Rep. Stephanie Herseth			Category/ Type					
Office Sought:  X House Senate President  Disburse	ment For: 2010 Primary Gener Other (specify)	al						
State: SD District: 01								
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>			45	00.00	
TOTAL This Period (last page this line number only)								

ITEMIZ	•	C Form 3	'^)   <sub> </sub>	Use sepa	arate schedule(s)		FOR LI			٦.		PAGE 2	1 / 29
	ED DISBUI	RSEMENT	TS   f	for each d	category of the Summary Page		(check 21b 27	Ĺ	ne) 22 28a	X 23 28b	24 280		5 9
	ation copied from mercial purposes,												
NAME	OF COMMITTEE can Podiatric M	E (In Full)											
	me (Last, First, M For All Of Us	liddle Initial)								action II	D: 1751	3604	
Mailing	Address 104	4 Hume Aven	ıue						0 <sup>M</sup> 9	M / D	08	y žo	0 9 °
City Alexar	ndria		Sta V <i>A</i>		Zip Code 22301				Amou	nt of Eac	ch Disburs		
	e of Disbursemen	ıt					011					1500	.00
Rep. F	ate Name Fred Upton	i	Diahuman		2010		tegory/ Γype						
State:	P	enate resident ict: 06		rimary ther (spe	2010 General								
	me (Last, First, M Iollen For Cong	liddle Initial)								action II of Disbur	D: 1751	3605	
Mailing	Address 106	605 Concord	St., Ste 202	<u> </u>					o <sup>M</sup> 9	M / D	080	y žo	0 9
City Kensir	ngton		Sta M[		Zip Code 20895				Amou	nt of Eac	ch Disburs	sement th	nis Perio
	e of Disbursemen	ıt					011					2500	.00
	ate Name Chris Van Holle						tegory/ Γype						
	— ·	louse enate resident		ent For: rimary ther (spe	2010 General								
Office S		ct: 08	_										
State: I		ct: 08 liddle Initial)	ee						Date o	f Disbur			
State: I Full Na Butter	MD Distri me (Last, First, M field For Congr	ct: 08 liddle Initial)							Date o		sement		ý 9 <sup>°</sup>
State: I Full Na Butter	MD Distri ime (Last, First, M field For Congr Address 800	ict: 08 liddle Initial) ress Committ			Zip Code 27893				Date of	of Disbur	sement	Y Ž 0	nis Perio
State: I Full Na Butteri Mailing City Wilsor Purpos	MD Distri me (Last, First, M field For Congr Address 800 n e of Disbursemen	ict: 08 diddle Initial) ress Committ D W Hines St	reet				011		Date of	of Disbur	sement	y y o	nis Perio
State: I Full Nat Butter  Mailing  City Wilsor Purpose  Candida Rep. C	MD Distri me (Last, First, M field For Congr  Address 800  n e of Disbursement late Name George Butterfice	ict: 08 liddle Initial) ress Committ  O W Hines St	reet Sta NO	C	27893	Ca	011 itegory/ Гуре		Date of	of Disbur	sement	Y Ž 0	nis Perio
State: I Full Nat Butter Mailing City Wilson Purposi	MD Distriume (Last, First, Mfield For Congraddress 800 nd	ict: 08 liddle Initial) ress Committ  O W Hines St	reet Sta NC	C	27893  2010  General	Ca	tegory/		Date of	of Disbur	sement	Y Ž 0	nis Perio

City State Zip Code Raleigh NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President  Disbursement For: 2010  X Primary General Other (specify) ▼	PAGE 22/29	Р		:	ΞR	3EF	NUMBI			_		)	separate schedule(s	) Use sepa	C Form 3X)	B (FEC For	EDULE E	SC
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full)  American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial) John Lewis For Congress  Mailing Address 1520 Pinehurst Drive Sw  City State Zip Code Allanta GA 30311  Purpose of Disbursement  Candidate Name Rep. John Lewis  Office Sought: X House President State: GA District: 05  Full Name (Last, First, Middle Initial) Stabenow For Us Senate Mailing Address PO Box 4945  City State Zip Code Bast Lansing MI 48826  Purpose of Disbursement  Candidate Name Sen. Debbie Stabenow  Office Sought: House President State: MI District:  Full Name (Last, First, Middle Initial) State Mill District:  Full Name (Last, First, Middle Initial) State Mill State State Senate President State: MI District:  Full Name (Last, First, Middle Initial) State Mailing Address P.O. Box 10322  City Senate President States Congress  Mailing Address P.O. Box 10322  City State Zip Code State Congress  Mailing Address P.O. Box 10322  City State Zip Code Name General Other (specify) Type  Office Sought: Amount of Each Disbursement  Office Sought: Office Sought Office					E	a	22		b [	] 2				for each Detailed	SEMENTS	SBURSEM	MIZED DIS	ITI
NAME OF COMMITTEE (in Full)  American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial) John Lewis For Congress  Mailing Address 1520 Pinehurst Drive Sw  City State Zip Code GA 30311  Purpose of Disbursement  Candidate Name Rep. John Lewis  Office Sought: Y House Senate President State: GA District: 05  Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address PO Box 4945  City State Zip Code MI 48826  Purpose of Disbursement  Candidate Name Sen. Debbie Stabenow  Office Sought: House Senate President State: Middle Initial)  State: MI Other (specify) ▼  Transaction ID: 1751: Date of Disbursement For: 2010  Amount of Each Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement For: 2010  Category' Type  Office Sought: House X Periadent State: MI Other (specify) ▼  Transaction ID: 1751: Date of Disbursement For: 2012  Category' Type  Office Sought: House X Periadent State: MI Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Office Sought: X House Senate President Senate President Other (specify) ▼																		
American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial) John Lewis For Congress  Mailing Address 1520 Pinehurst Drive Sw  City State Zip Code Atlanta GA 30311 Purpose of Disbursement  Candidate Name Rep. John Lewis  Office Sought: X House Senate President State: GA District: 05  Full Name (Last, First, Middle Initial) Stabenow For Us Senate Mailing Address PO Box 4945  City State Zip Code Amount of Each Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement  Other (specify) ▼	- Committee	iii Sucii	3 11011	utic			JIL COITI		.0 30	iiee	111111	1 001	duress of any politica	ie name and addre		•		L-
John Lewis For Congress  Mailing Address 1520 Pinehurst Drive Sw  City State Zip Code GA 30311  Purpose of Disbursement Candidate Name Rep. John Lewis  City Seaste PO Box 4945  City State Zip Code GA 30311  President State: GA District: 05  Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address PO Box 4945  City East Lansing MI 48826  Purpose of Disbursement  Candidate Name Sen. Debbie Stabenow  Office Sought: House President Senate President State: Gandiille Rame Raleigh NC 27605  Full Name (Last, First, Middle Initial) State Zip Code MI 48826  Purpose of Disbursement  Other (specify) ▼  Transaction ID: 1751: Date of Disbursement For: 2012  Amount of Each Disbursement Type  Transaction ID: 1751: Date of Disbursement For: 2012  Amount of Each Disbursement Transaction ID: 1751: Date of Disbursement Transac												e	Action Committee	tion Political Act	` '	, ,		1 \
City Atlanta	3610	ment	ursen												,		,	
Atlanta GA 30311  Purpose of Disbursement  Candidate Name Rep. John Lewis  Office Sought:	<sup>Y</sup> 2009 <sup>Y</sup>	8 /	0 8	] ′	М	9 '	0 <sup>M</sup> 9	-						ve Sw	) Pinehurst Drive S	1520 Pineh	iling Address	
Candidate Name Rep. John Lewis  Office Sought:		Disburs	ach D	t of	unt	ıuc	Amo											
Rep. John Lewis  Office Sought:	1000.00			-		-	L.									rsement		
Senate President State: GA District: 05  Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address PO Box 4945  City State Lansing State Zip Code MI 48826  Purpose of Disbursement  Candidate Name Sen. Debbie Stabenow  Office Sought: Note of Disbursement  State: MI District:  Full Name (Last, First, Middle Initial) Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code Amount of Each Disbursement  Other (specify) ▼  Transaction ID: 1751:  Category/ Type  Other (specify) ▼  Transaction ID: 1751:  Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼  Other (specify) ▼  Amount of Each Disbursement  Other (specify) ▼												С					p. John Lew	
Full Name (Last, First, Middle Initial) Stabenow For Us Senate  Mailing Address PO Box 4945  City State Zip Code 48826  Purpose of Disbursement  Candidate Name Sen. Debbie Stabenow Office Sought: House President State: MI District:  Full Name (Last, First, Middle Initial) Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code Amount of Each Disbursement For: 2012 X Primary General Other (specify) ▼  Transaction ID: 1751; Date of Disbursement ID: 1751; Da													ry General	X Primary	nate >	Senate	ice Sought:	
Stabenow For Us Senate  Mailing Address PO Box 4945  City State Zip Code MI 48826  Purpose of Disbursement  Candidate Name Sen. Debbie Stabenow  Office Sought: House President President President State: MI District:  Full Name (Last, First, Middle Initial)  Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code Amount of Each Disbursement Tor: 2012  City State Zip Code Amount of Each Disbursement Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President President Other (specify) ▼  Disbursement For: 2010  Category/ Type  Office Sought: X House Senate President Other (specify) ▼								L							t: 05	District: 05	ite: GA	
City East Lansing MI 48826  Purpose of Disbursement  Candidate Name Sen. Debbie Stabenow  Office Sought: House X Senate President State: MI District:  Full Name (Last, First, Middle Initial)  Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President NC 27605  Disbursement For: 2010  Amount of Each Disbursement  Transaction ID: 17513  Date of Disbursement  0 9 M / D 8	13612	ment	ursen												,		,	
East Lansing  Purpose of Disbursement  Candidate Name Sen. Debbie Stabenow  Office Sought:  House X Senate President State: MI District:  Full Name (Last, First, Middle Initial) Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City Raleigh NC State Zip Code Raleigh NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President  Disbursement For:  2012 X Primary General  Other (specify)  Transaction ID: 17513 Date of Disbursement  Office Sought:  Amount of Each Disburse  Amount of Each Disburse  Transaction ID: 17513 Date of Disbursement  Office Sought:  Office Sought: X House Senate President Office Sought: X Primary General Other (specify)	y 2009	8 /	0 8	] ′	М	9 '	0 <sup>M</sup> 9	-							 Зох 4945	PO Box 494	iling Address	
Candidate Name Sen. Debbie Stabenow  Office Sought:  House X Senate President State: MI District:  Full Name (Last, First, Middle Initial) Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City Raleigh Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought:  X Primary General Other (specify)  Transaction ID: 17513 Date of Disbursement  0 9 9 0 8 / 0 9 11  Category/ Type  Amount of Each Disburse  Category/ Type  Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) ▼		Disburs	ach D	t of	unt	nuc	Amo											
Sen. Debbie Stabenow  Office Sought: House X Senate President State: MI District:  Full Name (Last, First, Middle Initial) Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code Raleigh NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President  Disbursement For: 2010  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President  Disbursement For: 2010  X Primary General General General Other (specify) ▼	1000.00			-	_	-	L.			_						rsement	<u>'</u>	
X   Senate   President   Other (specify)   ▼												С			v	tabenow		
State: MI District:  Full Name (Last, First, Middle Initial) Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code Raleigh NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought: X House Senate President  Disbursement For: 2010 X Primary General Other (specify) ▼								-					ry General	X Primary	nate >	χ Senate	ice Sought:	
Brad Miller For United States Congress  Mailing Address P.O. Box 10322  City State Zip Code Raleigh NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought: X House Disbursement For: 2010 Senate President Other (specify) ▼													(epee)/ <b>\</b>				ite: MI	
City State Zip Code Raleigh NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought: X House Disbursement For: 2010 Senate President Other (specify) ▼		ment	ursen	Dis	of	e o	Date							ess	,		•	
Raleigh NC 27605  Purpose of Disbursement  Candidate Name Rep. Bradley Miller  Office Sought: X House Disbursement For: 2010 Senate President  Other (specify) ▼	° 2009°	8 /	0 8	_ ′	M	9 '	0 9								Box 10322	P.O. Box 10	iling Address	
Candidate Name Rep. Bradley Miller  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)  ▼		Disburs	ach D	t of	unt	ıuc	Amo											
Rep. Bradley Miller  Office Sought:  X House  Senate  President  Disbursement For:  2010  General  Other (specify) ▼	1000.00			-	_	-	L.			_	_					rsement		
Office Sought:  X House Disbursement For: 2010 Senate X Primary General Other (specify) ▼												C				Miller		
State: NC District: 13											,,,	<u> </u>	ry General	X Primary	nate >	Senate	ice Sought:	
5						_									t: 13	District: 13	ite: NC	_
SUBTOTAL of Disbursements This Page (optional)	3000.00			_		_			<u> </u>					tional)	nts This Page (optional	oursements This	OTAL of Disk	SI

ITEMIZED DISBURSEMENTS  for each category of the Detailed Summary Page    Category   Type   Type   Category   Type   Category   Type   Type   Type   Type	SCHEDULE B (FEC Form	Use separate sche		E NUMBER: PAGE 23 / 29
not commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown  Mailing Address PO BOX 76187 Suite 800  City State Spo BoX 76187 Suite 800  City Washington DC 20005  Purpose of Disbursement  Candidate Name Sen. Sherrod Brown  Office Sought: House President State: OH District:  Full Name (Last, First, Middle Initial) Engel For Congress  Mailing Address 462 California Road  City State: NY 10708  Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought: X House Senate President State: NY District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 For Box 71 City State: Zip Code Ny 10708  Mailing Address PO Box 71 For Box 71 City State: NY District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 For Box 71 City State: NY District: 17  City State: NY District: 17  City State: NY District: 17  City Clarion In State Species  Mailing Address PO Box 71 For Box 71 City Clarion In State Species  Mailing Address PO Box 71 For Box 71 City State Species  Mailing Address PO Box 71 For Box 71 City Candidate Name Rep. Thomas P. Latham  Office Sought: X House Senate President Senat	TEMIZED DISBURSEME	NTS for each category of	f the Page Check on 21b	
NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown  Mailing Address PO BOX 76187 Suite 800  City State 2/p Code DC 20005  Purpose of Disbursement  Candidate Name Sen. Sherrod Brown  Office Sought: X Senate President State: OH District:  Full Name (Last, First, Middle Initial) Engel For Congress  Mailing Address 462 California Road  City State: All House NY 10708  Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought: X House Senate President NY 10708  Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought: X House President State: OH District: Tull Name (Last, First, Middle Initial) Engel For Congress  Mailing Address 462 California Road  City State Zip Code NY 10708  Purpose of Disbursement  Office Sought: X House President State: OH District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 PO Box 71  City Clarion IA 50525  Purpose of Disbursement  Office Sought: X House Senate President In A 50525  Purpose of Disbursement  Office Sought: X House Senate President In A 50525  Purpose of Disbursement  Office Sought: X House Senate President In A 50525  Purpose of Disbursement  Office Sought: X House Senate President In A 50525  Purpose of Disbursement  Office Sought: X House Senate President In A 50525  Purpose of Disbursement  Office Sought: X House Senate President In A 50525  Purpose of Disbursement  Office Sought: X House Senate President In A 50525  Purpose of Disbursement In Senate President In A 50525  Amount of Each Disbursement In Senate President In A 50525  Amount of Each Disbursement In Senate President In A 50525  Amount of Each Disbursement In Senate President In A 50525  Amount of Each Disbursement In Senate President In Senate Pr				
Transaction ID: 17513629 Date of Disbursement    Disbursement   D	NAME OF COMMITTEE (In Full)			SHORT CONTRIBUTION CONTRIBUTION
Mailing Address PO BOX 76187 Suite 800  City Washington DC 20005  Purpose of Disbursement  Candidate Name Sen. Sherrod Brown  Office Sought: X Senate President  State: OH District:  Full Name (Last, First, Middle Initial) Engel For Congress  Mailing Address 462 California Road  City State NY 10708  Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought: X House Senate President  State: NY District: 17  Full Name (Last, First, Middle Initial) Engel For Congress  Mailing Address 462 California Road  City State Zip Code NY 10708  Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought: X House Senate President  State: NY District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 PO Box 71  City State Zip Code IA 50625  Purpose of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Period President  Transaction ID: 17513639 Date of Disbursement  Other (specify) ▼  Amount of Each Disbursement this Period President President  Other (specify) ▼  Amount of Each Disbursement President				
City Washington  Candidate Name Sen. Sherrod Brown  Office Sought:				M M / D D / Y Y Y Y
Washington Purpose of Disbursement  Candidate Name Sen. Sherrod Brown  Office Sought:		87		09 08 2009
Candidate Name Sen. Sherrod Brown  Office Sought: House X Senate Prisadent State: OH District:  Full Name (Last, First, Middle Initial) Engel For Congress  Mailing Address 462 California Road  City Candidate Name Rep. Eliot L. Engel  Office Sought: X House Senate President State: NY District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 PO Box 71  City Claricon Sanate PO Box 71 Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought: X House Senate President State: NY District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 PO Box 71  City Claricon State Zip Code Claricon ID: 17513639 Date of Disbursement Hor: 2010  Transaction ID: 17513629 Date of Disbursement this Peri Category/ Type  Transaction ID: 17513629 Date of Disbursement this Peri 1000.00  Transaction ID: 17513629 Date of Disbursement this Peri 1000.00  Transaction ID: 17513629 Date of Disbursement this Peri 1000.00  Transaction ID: 17513629 Date of Disbursement this Peri 1000.00  Transaction ID: 17513629 Date of Disbursement this Peri 1000.00  Transaction ID: 17513629 Date of Disbursement this Peri 1000.00  Transaction ID: 17513629 Date of Disbursement Incident Inc			е	Amount of Each Disbursement this Perio
Candidate Name Sen. Sherrod Brown  Office Sought:	Purpose of Disbursement		011	1000.00
Office Sought:			Category/	
State: OH District:  Full Name (Last, First, Middle Initial) Engel For Congress  Mailing Address 462 California Road  City State Zip Code Bronxville NY 10708  Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought: X House President State: NY District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 PO Box 71 City Clarion IA 50525  Purpose of Disbursement  Candidate Name Rep. Eliot Category/ Type  Office Sought: X House President State: NY District: 17  City Clarion IA 50525  Purpose of Disbursement  Candidate Name Rep. Latham  Office Sought: X House Senate President State Zip Code Clarion IA 50525  Purpose of Disbursement  Candidate Name Rep. Thomas P. Latham  Office Sought: X House Senate President Other (specify) General President Other (specify) General President Other (specify) Category/ Type  Office Sought: X House Senate President Other (specify) General Other (specify) Category/ Type  Office Sought: X House Senate President Other (specify) Category/ Type  Office Sought: X House Senate President Other (specify) Category/ Type  Office Sought: X House Senate President Other (specify) Category/ Type  Office Sought: X House Senate President Other (specify) V	X Senate	Primary X Ge	2	
Engel For Congress  Mailing Address 462 California Road  City State Zip Code Bronxville NY 10708  Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought: X House President State: NY District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 PO Box 71  City Clarion IState Zip Code IA 50525  Purpose of Disbursement  Candidate Name Rep. Thomas P. Latham  Office Sought: X House IDisbursement For: 2010  State Zip Code IA 50525  Purpose of Disbursement  Office Sought: X House IDisbursement For: 2010  Candidate Name Rep. Thomas P. Latham  Office Sought: X House IDisbursement For: 2010  Candidate Name Rep. Thomas P. Latham  Office Sought: X House IDisbursement For: 2010  Senate President ID: 17513639  Date of Disbursement  Office Sought: X House IDisbursement For: 2010  Candidate Name Rep. Thomas P. Latham  Office Sought: X Primary General IDISDURSEMENT IN Type  Office Sought: X Primary General IDISDURSEMENT IN Type  Office Sought: X Primary General IDISDURSEMENT IN Type  Other (specify) ▼				
Mailing Address 462 California Road   City State Zip Code NY 10708   Purpose of Disbursement 011   Candidate Name Rep. Eliot L. Engel Category/ Type   Office Sought: X House President President State: NY District: 17   Full Name (Last, First, Middle Initial) Latham For Congress City Clarion IA 50525   Mailing Address PO Box 71 PO Box 71 Purpose of Disbursement State Zip Code IA 50525   Purpose of Disbursement Other (specify) Type    Amount of Each Disbursement this Perinary Date of Disbursement this Perinary Date of Disbursement this Perinary General Other (specify) Type	,			
Bronxville Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought:	Mailing Address 462 California	a Road		$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 8 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
Purpose of Disbursement  Candidate Name Rep. Eliot L. Engel  Office Sought:			e	Amount of Each Disbursement this Perio
Candidate Name Rep. Eliot L. Engel  Office Sought: X House Senate President State: NY District: 17  Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 PO Box 71 City State Zip Code Clarion Purpose of Disbursement  Candidate Name Rep. Thomas P. Latham  Office Sought: X House Senate President  Office Sought: X House Senate President  Office Sought: X House Senate President  Office Sought: X Primary General Category/ Type  Category/ Type  Category/ Type  Category/ Type  Other (specify) ▼			011	1000.00
Office Sought:			Category/	
Full Name (Last, First, Middle Initial) Latham For Congress  Mailing Address PO Box 71 PO Box 71 City State Zip Code Clarion IA 50525  Purpose of Disbursement  Candidate Name Rep. Thomas P. Latham  Office Sought: X House Senate President  Disbursement For: 2010 X Primary General Other (specify)  Other (specify)  Other (specify)  Other (specify)	Senate President	X Primary Ge	0	
PO Box 71  City State Zip Code Clarion IA 50525  Purpose of Disbursement  Candidate Name Rep. Thomas P. Latham  Office Sought: X House Senate President  PO Box 71  State Zip Code 1011  Category/ Type  Category/ Type  Other (specify) ▼  Amount of Each Disbursement this Period  Category/ Type  Other (specify) ▼	Full Name (Last, First, Middle Initial)			
City State Zip Code Clarion IA 50525  Purpose of Disbursement  Candidate Name Rep. Thomas P. Latham  Office Sought: X House Senate President  Disbursement For: 2010 Senate Other (specify) ▼  Amount of Each Disbursement this Period Category/ Type  Category/ Type  Other (specify) ▼				09 / 08 / 2009
Purpose of Disbursement  Candidate Name Rep. Thomas P. Latham  Office Sought:  X House Senate President  Disbursement For:  X Primary General Other (specify)	City		e	Amount of Each Disbursement this Perio
Candidate Name Rep. Thomas P. Latham  Office Sought:  X House Senate President  Disbursement For:  2010  General Other (specify)  ✓			011	1000.00
Senate X Primary General President Other (specify) ▼			Category/	
	Senate	X Primary Ge		
		☐ Other (specify) ▼		

## SCHEDULE B (FEC Form 3X)

	ENTER DISPURSEMENTS	Use separate schedule(s	3)		heck on	= NUMBE ly one)				1 AC	1L L	4 / 29	
П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 28a	Х	23 28b	$\square$	24 28c	2 2	5 9	2
	y Information copied from such Reports and State for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) American Podiatric Medical Association	me and address of any politic	al con										
<u>L</u>	Full Name (Last, First, Middle Initial) Michaud For Congress					Date		isburs		75136 t		ŏ 9	Y
	Mailing Address 213 Lisbon Street City	State Zip Code					ınt o			ursem			
	Lewiston	ME 04240				AITIOU	IIIL O	Laci	ו טואט	-		-	eriou
	Purpose of Disbursement  Candidate Name		C	01 ate	1 gory/	<u>L.</u>					1000	0.00	•
	Rep. Michael H. Michaud  Office Sought: X House Senate President  State: ME District: 02	sement For: 2010  X Primary General Other (specify)		Ту		_							
	Full Name (Last, First, Middle Initial) Welch For Congress					1		on ID		5136	42		
	Mailing Address PO Box 1086					0 9	M	/ D	emen ) 8	/ Y	ž 0	ŏ́9	Υ
	City Montpelier Purpose of Disbursement	State Zip Code VT 05601				Amou	int o	f Each	n Disb	ursem	nent th		erio
	Candidate Name Mr. Peter Welch		C	01 ate Ty	gory/			^					
		sement For: 2010  X Primary General  Other (specify) ▼	•										
	Full Name (Last, First, Middle Initial) Ben Cardin For Congress						of Di	isburs	emen	'5213 t			
	Mailing Address 100 E. Pratt Street 26th	n Floor				0 9	М	/ D	1 1	/ L	ž o	ŏ9	Y
	City Baltimore	State Zip Code MD 21202				Amou	int o	f Each	n Disb	ursem	nent th	nis Pe	erio
	Purpose of Disbursement Void - Ben Cardin For Congress			01	1	<u> </u>	_			-	1000	0.00	_
	Candidate Name Rep. Benjamin L. Cardin		C	_	gory/								
		sement For: 2012  X Primary General Other (specify)	1			Void gress		n Ca	rdin	For C	on-		
							-					.00	-

A.

В.

C.

SCHEDULE B (FEC Form 3X)	llaa aana			-	OR LII	NE N	IUMBE	R:			Р	AGE	25 /	29
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		(	check o	only	, ´	_					_	_
	Detailed	Summary Page		Ļ	21b	L	22 28a	X	23 28		24 280	.  -	25 29	26 30b
Any Information copied from such Reports and State	ments may no	ot be sold or used	yd b	<u>L</u> ar		n fo		ırpos				_		
or for commercial purposes, other than using the nan														
NAME OF COMMITTEE (In Full)														
American Podiatric Medical Association F	Political Acti	ion Committee	•											
Full Name (Last, First, Middle Initial)									-		1752	139	9	
Ben Cardin For Senate							Date	of Di	isbu		ment	V	V V	V
Mailing Address PO Box 65056							0,8	IVI	Ĺ	1		1	žoŏ	9 '
City Baltimore	State MD	Zip Code 21209					Amou	ınt o	f Ea	ach [	Disburs	eme	nt this	Period
Purpose of Disbursement												10	0.000	0
Constitute News			L		11.									
Candidate Name Sen. Benjamin Cardin					egory/ ype									
· 🗎	sement For:	2012			<u> </u>									
X Senate President	Cther (and	General												
State: MD District:	Other (spe	ecity) 🔻												
Full Name (Last, First, Middle Initial)							Trans	sacti	ion	ID:	1752	399	8	
Friends of Patrick Kennedy							Date	of D	isbı					
Mailing Address PO BOX 321							o <sup>M</sup> 9	М	′	<sup>D</sup> 1	<b>4</b> /	Y	ž 0 ŏ	9 <sup>Y</sup>
0::		7' 0 1				_		_						
City PAWTUCKET	State RI	Zip Code 02862					Amou	int o	t Ea	ach I	Disburs	eme	nt this	Period
Purpose of Disbursement				-								2	500.0	0
Candidate Name					11 egory/									
Rep. Patrick J. Kennedy					ype									
	sement For:	2010												
Senate President	Other (spe	General												
State: RI District: 01	Other (spe	ony) \												
Full Name (Last, First, Middle Initial)							Trans	acti	ion	ID:	1753	415	0	
Doyle For Congress Committee							Date		isbu				.,	
Mailing Address 2227 Hampton Street							0 <sup>M</sup> 9	М	Ĺ	<sup>D</sup> 2	2 /	Y	žoŏ	9 <sup>*</sup>
City Pittsburgh	State PA	Zip Code 15218					Amou	ınt o	f Ea	ach [	Disburs	eme	nt this	Period
Purpose of Disbursement				-								1	0.000	0
On district Name			L	_	11.									
Candidate Name Rep. Michael F. Doyle					egory/ ype									
	sement For:	2010												
Senate >	Cthor (spe	General												
State: PA District: 14	Other (spe	;∪iiy) <b>▼</b>												
SUPTOTAL of Dishuramenta This Base (anticasa)									_			45	500.0	0
SUBTOTAL of Disbursements This Page (optional)	)				. )	-	$\vdash$	-	-	-		-		
TOTAL This Period (last page this line number only	/)					•	L.							

FE6AN026

## SCHEDULE B (FEC Form 3X)

-		Use separate schedule(s	()		neck only	NUMBE one)					GE :		,
П _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	$\boldsymbol{\sqcup}$	24 28c	$\vdash$	25 29	26
	y Information copied from such Reports and State or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)  American Podiatric Medical Association F	ne and address of any politica	al com										
$\mathbb{L}$	American Podiatric Medical Association F	onlical Action Committe	e 										
	Full Name (Last, First, Middle Initial) Whitehouse for Senate  Mailing Address PO Box 40280							sburs				) 0 9	Y
	City Providence	State Zip Code RI 02920				Amou	int o	f Each	Disb	urser	-	his Pe	eriod
	Purpose of Disbursement  Candidate Name			01							100	0.00	
	Sheldon Whitehouse			ateg Typ	ory/ e								
	X Senate President	ement For: 2012 Primary General Other (specify)											
_	State: RI District: Full Name (Last, First, Middle Initial)					Trans	ooti	on ID	. 17	7504	161		
	Diana Degette For Congress					Date		sburs	emen			Y	Υ
	Mailing Address P.O. Box 61337					0 9		2	2 2	L	2 (	) Ď 9	
	City Denver	State Zip Code CO 80206				Amou	int o	f Each	Disb	urser		this Pe	eriod
	Purpose of Disbursement  Candidate Name		C	01 ateg	1 ory/	<u> </u>	0				100	0.00	•
	Rep. Diana DeGette	ement For: 2010		Тур	е								
	Office Sought:  X House Senate President  State: CO District: 01	Primary X General Other (specify)											
	Full Name (Last, First, Middle Initial) Richard Burr Committee (Senate)					Trans Date	of D	sburs	emen		162		
	Mailing Address Post Office Box 5928					0 9	М	<sup>D</sup> 2	2 2	/ L	ž	) Ď 9	Y
	City Winston-Salem	State Zip Code NC 27113				Amou	int o	f Each	Disb	urser	ment t	this Pe	eriod
	Purpose of Disbursement			01	1						100	0.00	
	Candidate Name Sen. Richard Burr			ateg Typ	ory/ e								
	X Senate President	ement For: 2010 Primary General Other (specify)											
	State: NC District:												

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(		INE NUMBER: PAGE 27 / 29 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 28 28b 28c 29
	y Information copied from such Reports and S for commercial purposes, other than using the			
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	on Political Action Committe	ee	
<u>/</u>	Full Name (Last, First, Middle Initial) Hoosiers for Hill			Transaction ID: 17534163  Date of Disbursement
	Mailing Address P.O. Box 1071			09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City Seymour	State Zip Code IN 47274		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name Baron P. Hill		Category/ Type	
	Senate President	bursement For: 2010  X Primary General  Other (specify) ▼		
	State: IN District: 09 Full Name (Last, First, Middle Initial)			Transaction ID: 17534164
	Mike Rogers For Congress			Date of Disbursement
	Mailing Address WM Fundraising & E 1320 13th St NW, #	Events, Inc.		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name Rep. Michael D. Rogers		Category/ Type	
	Office Sought:  X House Senate President  State: AL District: 03	bursement For: 2010  X Primary General  Other (specify)		
	Full Name (Last, First, Middle Initial) Judy Biggert For Congress			Transaction ID: 17534166 Date of Disbursement
	Mailing Address P.O. Box 637			09
	City Hinsdale	State Zip Code IL 60522		Amount of Each Disbursement this Period
	Purpose of Disbursement		011	1000.00
	Candidate Name Rep. Judy Biggert		Category/ Type	
		bursement For: 2010  X Primary General  Other (specify)	-	
	State: IL District: 13			

В.

District: 45

~9`	5// <b>2</b> 5555551555				
S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 28/29
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 2	24 25 26 28c 29 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Association Po	olitical Action Committee			
	Full Name (Last, First, Middle Initial) Inslee For Congress			Transaction ID: 179 Date of Disbursement	1
	Mailing Address PO Box 33027			0 9 2 2	2009
	City Seattle	State Zip Code WA 98133		Amount of Each Disbu	
	Purpose of Disbursement		011		1000.00
	Candidate Name Rep. Jay Inslee		Category/ Type		
		ement For: 2010 Primary General Other (specify)			
	Full Name (Last, First, Middle Initial) Mary Bono Committee			Transaction ID: 179 Date of Disbursement	1
	Mailing Address P.O. Box 3370			$\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$	2009
	City Palm Springs	State Zip Code CA 92263		Amount of Each Disbu	
	Purpose of Disbursement		011		1000.00
	Candidate Name Rep. Mary Bono		Category/ Type		
	X	ement For: 2010 Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	32960.25

State: CA

	zip Code 21411-0001	committee to s	22 23 24 25 28 28a 28b 28c X 29 a for the purpose of soliciting contributions
or for commercial purposes, other than using the name and addres  NAME OF COMMITTEE (In Full)  American Podiatric Medical Association Political Act  Full Name (Last, First, Middle Initial)  Comptroller Of Maryland  Mailing Address Revenue Administration Division  City State  Annapolis MD  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary  President State: District:  Full Name (Last, First, Middle Initial)  Comptroller Of Maryland  Mailing Address Revenue Administration Division  City State  Annapolis MD  Purpose of Disbursement  Void - Comptroller Of Maryland  Candidate Name  Office Sought: House Disbursement For:	Zip Code 21411-0001  General ecify)	001 Category/	Transaction ID: 17529381 Date of Disbursement  M 9 M / D 1 5 / Y 2 0 0 9 Y  Amount of Each Disbursement this Period  785.00  Transaction ID: 17529394 Date of Disbursement  M 9 M / D 1 B / Y 2 0 0 9 Y
Comptroller Of Maryland  Mailing Address Revenue Administration Division  City State Annapolis MD  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary Other (special State: District:  Full Name (Last, First, Middle Initial)  Comptroller Of Maryland  Mailing Address Revenue Administration Division  City State MD  Purpose of Disbursement Void - Comptroller Of Maryland  Candidate Name  Office Sought: House Disbursement For:	21411-0001  General ecify) ▼	Category/	Date of Disbursement  M 9 M / D 1 5 / Y 2 0 0 9 Y  Amount of Each Disbursement this Period  785.00  Transaction ID: 17529394 Date of Disbursement  M 9 M / D 1 8 / Y 2 0 0 9 Y
City Annapolis MD  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary Other (special State: District:  Full Name (Last, First, Middle Initial) Comptroller Of Maryland  Mailing Address Revenue Administration Division  City State Annapolis MD  Purpose of Disbursement Void - Comptroller Of Maryland  Candidate Name  Office Sought: House Disbursement For:	21411-0001  General ecify) ▼	Category/	Amount of Each Disbursement this Period 785.00  Transaction ID: 17529394 Date of Disbursement  M M M / D D D V Y Y Y O O 9
Annapolis Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary Other (special State: District:  Full Name (Last, First, Middle Initial) Comptroller Of Maryland  Mailing Address Revenue Administration Division  City State Annapolis MD  Purpose of Disbursement Void - Comptroller Of Maryland  Candidate Name  Office Sought: House Disbursement For:	21411-0001  General ecify) ▼	Category/	Transaction ID: 17529394 Date of Disbursement    M
Candidate Name  Office Sought: House Senate Primary Other (special State: District:  Full Name (Last, First, Middle Initial) Comptroller Of Maryland  Mailing Address Revenue Administration Division  City State Annapolis MD  Purpose of Disbursement Void - Comptroller Of Maryland  Candidate Name  Office Sought: House Disbursement For:	Zip Code	Category/	Transaction ID: 17529394 Date of Disbursement  O 9
Senate President Other (specific specific specif	Zip Code	Туре	Date of Disbursement  O 9 1 1 8 2 0 0 9
Full Name (Last, First, Middle Initial) Comptroller Of Maryland  Mailing Address Revenue Administration Division  City State Annapolis MD  Purpose of Disbursement Void - Comptroller Of Maryland Candidate Name  Office Sought: House Disbursement For:			Date of Disbursement  O 9 1 1 8 2 0 0 9
City State Annapolis MD  Purpose of Disbursement Void - Comptroller Of Maryland Candidate Name  Office Sought: House Disbursement For:			
Annapolis MD  Purpose of Disbursement Void - Comptroller Of Maryland  Candidate Name  Office Sought: House Disbursement For:			Amount of Each Disbursement this Perio
Void - Comptroller Of Maryland  Candidate Name  Office Sought: House Disbursement For:			
		001 Category/ Type	-785.00
President Other (spe	General ecify) ▼	. , , , ,	Void - Comptroller Of Mar- yland
Full Name (Last, First, Middle Initial) Comptroller Of Maryland			Transaction ID: 17529395 Date of Disbursement
Mailing Address Revenue Administration Division			099 / 15 / 2009
City State Annapolis MD	Zip Code 21411-0001		Amount of Each Disbursement this Perio
Purpose of Disbursement		001	785.00
Candidate Name		Category/ Type	
Office Sought:    House   Disbursement For:     Senate   Primary     Other (specification)	General <b>▼</b>		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	785.00