

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		401108.16
(b) Cash on Hand at Beginning of Reporting Period.....	437640.16	
(c) Total Receipts (from Line 19)	85652.50	122184.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	523292.66	523292.66
7. Total Disbursements (from Line 31).....	13000.00	13000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	510292.66	510292.66
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58572.00	83072.00
(ii) Unitemized	27080.50	39112.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	85652.50	122184.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	85652.50	122184.50
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	85652.50	122184.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	85652.50	122184.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13000.00	13000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	13000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	85652.50	122184.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85652.50	122184.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

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

Mailing Address 15 N. Racine Ave. #501

City Chicago State IL Zip Code 60607-2003

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
02 / 01 / 2012

Transaction ID : 19695832

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Michael J. Hriljac

Mailing Address 8511 Hemlock Ln.

City Darien State IL Zip Code 60561-8416

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

Name of Employer Illinois Podiatric Medical Association Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
02 / 01 / 2012

Transaction ID : 19714038

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Dr. Ross E. Taubman

Mailing Address 506 Hope Ave.

City Franklin State TN Zip Code 37067-6205

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

Name of Employer Columbia Foot & Ankle Assoc. Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
02 / 02 / 2012

Transaction ID : 19714194

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. William N. McCann
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Jonathan Ln.
 City Bow State NH Zip Code 03304-3713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pillsbury Medical Bldg. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : 19716262
 Amount of Each Receipt this Period
 550.00

B. Dr. Matthew L. Burrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Cross Country Ln.
 City Plymouth State NH Zip Code 03264-1138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lake Podiatry, PA Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : 19716263
 Amount of Each Receipt this Period
 500.00

c. Dr. Subodh K. Choudhary
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Raven Rd.
 City Greenville State SC Zip Code 29615-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Podiatry Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : 19716264
 Amount of Each Receipt this Period
 1001.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2051.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Christopher A. Seda
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Millwyck Rd.
 City Lititz State PA Zip Code 17543-9021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : 19716265
 Amount of Each Receipt this Period
 300.00

B. Dr. D. Charles Greiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3713 S. High St.
 City Columbus State OH Zip Code 43207-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : 19716266
 Amount of Each Receipt this Period
 1000.00

C. Dr. Richard Pat Mistretta
 Full Name (Last, First, Middle Initial)
 Mailing Address 1745 Riverglen Dr.
 City Suwanee State GA Zip Code 30024-1864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliated Foot & Ankle
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 02 / 2012
Transaction ID : 19716406
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mark E. Reiner		Date of Receipt MM / DD / YYYY 02 / 03 / 2012 Transaction ID : 19716619
Mailing Address 2909 Abernathy Lake Cove		Amount of Each Receipt this Period 250.00
City Jonesboro	State AR	Zip Code 72404-8403
FEC ID number of contributing federal political committee. C	Name of Employer The Podiatry Group, The Foot Doctors,	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard A. Bellacosa		Date of Receipt MM / DD / YYYY 02 / 05 / 2012 Transaction ID : 19716630
Mailing Address 7 Tanner Woods		Amount of Each Receipt this Period 300.00
City San Antonio	State TX	Zip Code 78248-1629
FEC ID number of contributing federal political committee. C	Name of Employer San Antonio Podiatry Associates	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. William H. Dabdoub		Date of Receipt MM / DD / YYYY 02 / 06 / 2012 Transaction ID : 19716633
Mailing Address 100 Ayshire Ct.		Amount of Each Receipt this Period 150.00
City Slidell	State LA	Zip Code 70461-5034
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation Podiatric Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 10 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Robert Paul Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 Blue Oak Dr.
 City Frisco State TX Zip Code 75033-7924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : 19716642
 Amount of Each Receipt this Period
 500.00

B. Dr. Harry Goldsmith
 Full Name (Last, First, Middle Initial)
 Mailing Address 13337 E. South St. #325
 City Cerritos State CA Zip Code 90703-7308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2012
Transaction ID : 19716818
 Amount of Each Receipt this Period
 300.00

C. Dr. Dennis L. Turner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Wedgewood Way
 City Scotch Plains State NJ Zip Code 07076-2727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2012
Transaction ID : 19716824
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Mark D. Dollard
Full Name (Last, First, Middle Initial)

Mailing Address 12353 Green Horne St.

City Herndon State VA Zip Code 20171-2132

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

Name of Employer Loudoun Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 01 / 2012
Transaction ID : 19716826

Amount of Each Receipt this Period 300.00

B. Dr. Scott Frederick Jorgensen
Full Name (Last, First, Middle Initial)

Mailing Address 6917 Dawson Ln.

City Edina State MN Zip Code 55435-1601

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 02 / 02 / 2012
Transaction ID : 19716831

Amount of Each Receipt this Period 500.00

C. Dr. Alan Weisberg
Full Name (Last, First, Middle Initial)

Mailing Address 138 Grande Blvd.

City Sinking Spring State PA Zip Code 19608-9349

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 02 / 02 / 2012
Transaction ID : 19716832

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Peter C. Paicos Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address Affiliates in Foot Care
 3 Woodland Rd. #411
 City Stoneham State MA Zip Code 02180-1714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliates in Foot Care Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1053.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : 19716848
 Amount of Each Receipt this Period
1053.00

B. Dr. Alvin J. Kanegis
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 Page Ln.
 City Westbury State NY Zip Code 11590-6213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : 19716853
 Amount of Each Receipt this Period
300.00

C. Dr. Marc S. Bruell
 Full Name (Last, First, Middle Initial)
 Mailing Address 1145 Ryder Rd.
 City Chesterton State IN Zip Code 46304-3453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lakeshore Bone & Joint Institute Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : 19716862
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1653.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Lynn LeBlanc		Date of Receipt MM / DD / YYYY 02 / 03 / 2012 Transaction ID : 19716863
Mailing Address 12 Trevor Ln.		Amount of Each Receipt this Period 500.00
City East Granby	State CT	Zip Code 06026-9667
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Alan Dunkerley		Date of Receipt MM / DD / YYYY 02 / 03 / 2012 Transaction ID : 19717277
Mailing Address Martin Foot & Ankle Center 2003 E. Market St.		Amount of Each Receipt this Period 300.00
City York	State PA	Zip Code 17402-2841
FEC ID number of contributing federal political committee. C		
Name of Employer Martin Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Kim A. Halladay		Date of Receipt MM / DD / YYYY 02 / 03 / 2012 Transaction ID : 19717285
Mailing Address 5488 Cricket Ln.		Amount of Each Receipt this Period 500.00
City Tooele	State UT	Zip Code 84074-8141
FEC ID number of contributing federal political committee. C		
Name of Employer Tooele Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Joel W. Brook
Full Name (Last, First, Middle Initial)

Mailing Address 16226 Red Cedar Trl.

City Dallas	State TX	Zip Code 75248-3940
----------------	-------------	------------------------

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

Name of Employer Dallas Podiatry Works	Occupation Podiatric Physician
-------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2012

Transaction ID : 19719412

Amount of Each Receipt this Period
250.00

B. Dr. William Tarran
Full Name (Last, First, Middle Initial)

Mailing Address 1216 Seville Dr.

City Pacifica	State CA	Zip Code 94044-3554
------------------	-------------	------------------------

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2012

Transaction ID : 19719989

Amount of Each Receipt this Period
650.00

C. Dr. Elliot B. Zacker
Full Name (Last, First, Middle Initial)

Mailing Address 701 N. Atlantic Dr.

City Lantana	State FL	Zip Code 33462-1925
-----------------	-------------	------------------------

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

Name of Employer Self-Employed	Occupation Podiatric Physician
-----------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2012

Transaction ID : 19719992

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

A. Dr. Mark A. Rosales
Full Name (Last, First, Middle Initial)
Mailing Address 2420 W. Kiltie Ln.
City Flagstaff State AZ Zip Code 86001-9107
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
02 / 06 / 2012
Transaction ID : 19719994
Amount of Each Receipt this Period
300.00

B. Dr. S. F. Charley Hartley
Full Name (Last, First, Middle Initial)
Mailing Address 2201 Juanita Ln.
City Deer Park State TX Zip Code 77536-4214
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2012
Transaction ID : 19719995
Amount of Each Receipt this Period
1000.00

C. Dr. John M. Wray
Full Name (Last, First, Middle Initial)
Mailing Address 916 Claremont Dr.
City Downers Grove State IL Zip Code 60516-3541
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed
Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2012
Transaction ID : 19719996
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Frank S. Campo
 Full Name (Last, First, Middle Initial)
 Mailing Address N. End Foot Center
 260 North St.
 City Boston State MA Zip Code 02113-2106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N. End Foot Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : 19720001
 Amount of Each Receipt this Period
300.00

B. Dr. Harvey S. Karpo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 Woodlane Dr.
 City West Deptford State NJ Zip Code 08093-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : 19720003
 Amount of Each Receipt this Period
250.00

C. Dr. Daniel C. Duffy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1740 Cooper Foster Park Rd.
 City Lorain State OH Zip Code 44053-4201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : 19720006
 Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 18 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Kevin Holton		Date of Receipt MM / DD / YYYY 02 / 08 / 2012 Transaction ID : 19720829
Mailing Address 2805 Jasmine Ct.		Amount of Each Receipt this Period 500.00
City Saint Cloud	State MN	Zip Code 56301-9467
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Eugene L. Nassif Jr.		Date of Receipt MM / DD / YYYY 02 / 08 / 2012 Transaction ID : 19720834
Mailing Address 4095 Hickory Hill Ln. S.E.		Amount of Each Receipt this Period 350.00
City Cedar Rapids	State IA	Zip Code 52403-3738
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Ira H. Kraus		Date of Receipt MM / DD / YYYY 02 / 08 / 2012 Transaction ID : 19721267
Mailing Address 20 Dogwood Trl.		Amount of Each Receipt this Period 1000.00
City Ringgold	State GA	Zip Code 30736-2725
FEC ID number of contributing federal political committee. C		
Name of Employer Advanced Foot Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Stephen M. Pribut
Full Name (Last, First, Middle Initial)

Mailing Address 2141 K St. N.W. #702

City Washington State DC Zip Code 20037-1810

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
02 / 08 / 2012
Transaction ID : 19724478

Amount of Each Receipt this Period
300.00

B. Dr. Anthony Hugh Morgan
Full Name (Last, First, Middle Initial)

Mailing Address 75 Doubleday Rd.

City Columbia State CT Zip Code 06237-1400

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

Name of Employer Colchester Foot Specialists
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 06 / 2012
Transaction ID : 19724604

Amount of Each Receipt this Period
250.00

C. Dr. Leonard F. Pinto Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 16 Butten Mews

City Plymouth State MA Zip Code 02360-8801

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
02 / 06 / 2012
Transaction ID : 19724605

Amount of Each Receipt this Period
300.00

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: (check only one)	PAGE 20 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Marc A. Lederman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Livingston Rd.
 City Collinsville State CT Zip Code 06019-3050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer W. Hartford Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012
Transaction ID : 19724613
 Amount of Each Receipt this Period
 300.00

B. Dr. Maureen Leigh Caldwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Spring Creek Dr.
 City Victoria State TX Zip Code 77904-1658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of Victoria Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012
Transaction ID : 19724614
 Amount of Each Receipt this Period
 500.00

C. Dr. Andrew John Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 W. Commerical St.
 City Victoria State TX Zip Code 77901-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of Victoria Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2012
Transaction ID : 19724615
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Angela P. Dominique
 Full Name (Last, First, Middle Initial)
 Mailing Address 6244 Dorsett Woods Dr.
 City Mount Olive State AL Zip Code 35117-3644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fultondale Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2012
Transaction ID : 19724617
 Amount of Each Receipt this Period
 500.00

B. Dr. Michael J. Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Gibraltar Dr. N.E.
 City Rockford State MI Zip Code 49341-7703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2012
Transaction ID : 19724619
 Amount of Each Receipt this Period
 300.00

C. Dr. John D. Ruff
 Full Name (Last, First, Middle Initial)
 Mailing Address 6801 N. Ruff Ln.
 City Peoria State IL Zip Code 61614-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2012
Transaction ID : 19724631
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Gary A. Raymond
Full Name (Last, First, Middle Initial)

Mailing Address Rd. 4 Box 148

City Hollidaysburg State PA Zip Code 16648-9262

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
02 / 07 / 2012
Transaction ID : 19724637

Amount of Each Receipt this Period
300.00

B. Dr. Andrew C. Schink
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Cameo Dr.

City Eugene State OR Zip Code 97405-5897

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
02 / 07 / 2012
Transaction ID : 19724639

Amount of Each Receipt this Period
500.00

C. Dr. William C. Arrington II
Full Name (Last, First, Middle Initial)

Mailing Address 359 Ridgemont Dr.

City Forney State TX Zip Code 75126-5310

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

Name of Employer Galloway Foot Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 09 / 2012
Transaction ID : 19725012

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Laura J. Pickard
 Full Name (Last, First, Middle Initial)
 Mailing Address Norridge Foot Clinic
 7325 W. Irving Park Rd.
 City Chicago State IL Zip Code 60634-3547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norridge Foot Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : 19725024
 Amount of Each Receipt this Period
1000.00

B. Dr. R. Daniel Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 Clement Ln.
 City Orange State CT Zip Code 06477-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : 19725025
 Amount of Each Receipt this Period
1000.00

C. Dr. Michael A. Figura
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Deerfield Ridge Rd.
 City Chesterfield State MO Zip Code 63005-6201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer County Podiatrists, Inc. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : 19725027
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... **2300.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Jason Christopher Miller
Full Name (Last, First, Middle Initial)

Mailing Address 1735 Sandy Trail Ct.

City Kingwood State TX Zip Code 77339-2933

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 19725030

Amount of Each Receipt this Period 1000.00

B. Dr. Ronald G. Cervetti
Full Name (Last, First, Middle Initial)

Mailing Address Cedar Valley Podiatry
4508 Chadwick Rd.

City Cedar Falls State IA Zip Code 50613-7958

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

Name of Employer Cedar Valley Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 19725031

Amount of Each Receipt this Period 300.00

C. Dr. David P. Sheldon
Full Name (Last, First, Middle Initial)

Mailing Address 4001 W. Royal Dr.

City Traverse City State MI Zip Code 49684-8965

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 02 / 09 / 2012
Transaction ID : 19725032

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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 27 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Kathleen M. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 18807 N. 42nd Ave.
 City Glendale State AZ Zip Code 85308-7527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Thunderbird Footcare Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 19725066
 Amount of Each Receipt this Period 500.00

B. Dr. Frederick Samuel Mechanik
 Full Name (Last, First, Middle Initial)
 Mailing Address 8428 Brook Valley Dr.
 City Fountain State CO Zip Code 80817-4095
 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 ▼ 1018.00

Date of Receipt 02 / 11 / 2012
Transaction ID : 19726499
 Amount of Each Receipt this Period 1018.00

C. Dr. Kim M. Reichert
 Full Name (Last, First, Middle Initial)
 Mailing Address 141 Hickory Lake
 City Belleville State IL Zip Code 62223-3441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associated Foot Surgeons of Belleville Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2012
Transaction ID : 19727588
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2018.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Paul Kinberg
Full Name (Last, First, Middle Initial)

Mailing Address 6023 Gentle Knoll Ln.

City Dallas State TX Zip Code 75248-2122

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 10 / 2012
Transaction ID : 19727590

Amount of Each Receipt this Period 1000.00

B. Dr. Lisa M. Schoene
Full Name (Last, First, Middle Initial)

Mailing Address 659 W. Wellington Ave. #3W

City Chicago State IL Zip Code 60657-5305

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

Name of Employer Gurnee Podiatry & Sports Medicine Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2012
Transaction ID : 19727591

Amount of Each Receipt this Period 500.00

C. Dr. Patrick A. McShane
Full Name (Last, First, Middle Initial)

Mailing Address 2605 S. Marlan Ave.

City Springfield State MO Zip Code 65804-3808

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 10 / 2012
Transaction ID : 19727593

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Jerome E. Reeves
 Full Name (Last, First, Middle Initial)
 Mailing Address 8451 Beverly Rd. #2T
 City Kew Gardens State NY Zip Code 11415-2109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dr. Jerome E. Reeves, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : 19727601
 Amount of Each Receipt this Period
 300.00

B. Dr. Jeffrey R. DeSantis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2611 Circle Dr.
 City Newport Beach State CA Zip Code 92663-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : 19727608
 Amount of Each Receipt this Period
 1000.00

C. Dr. Michael Tritto
 Full Name (Last, First, Middle Initial)
 Mailing Address 14409 White Tree Pl.
 City North Potomac State MD Zip Code 20878-4354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : 19727609
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Ruth Ann Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Aicholtz Rd. #200

City Cincinnati State OH Zip Code 45245-5135

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 ▼ 2500.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 19730913

Amount of Each Receipt this Period 2500.00

B. Dr. Rae Louise Lantsberger
Full Name (Last, First, Middle Initial)

Mailing Address 6417 S.E. 49th Ave.

City Portland State OR Zip Code 97206-6914

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

Name of Employer Gresham Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 19730914

Amount of Each Receipt this Period 500.00

c. Dr. Charles G. Kissel
Full Name (Last, First, Middle Initial)

Mailing Address 41 Christine Dr.

City Grosse Pointe Farms State MI Zip Code 48236-3722

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

Name of Employer Medical Center Footcare Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2012
Transaction ID : 19730920

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. William F. Hineser
 Full Name (Last, First, Middle Initial)
 Mailing Address 11780 W. 66th Pl. #A
 City Arvada State CO Zip Code 80004-2472
 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 **02 / 13 / 2012**
Transaction ID : 19730930
 Amount of Each Receipt this Period **300.00**

B. Dr. Egidio Montanile
 Full Name (Last, First, Middle Initial)
 Mailing Address Podiatry Center, P.S.C. P.O. Box 19657
 City San Juan State PR Zip Code 00910-2604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Center, P.S.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 13 / 2012**
Transaction ID : 19730933
 Amount of Each Receipt this Period **300.00**

C. Dr. Brett William Butler
 Full Name (Last, First, Middle Initial)
 Mailing Address Romeo Foot & Ankle Clinic 64580 Van Dyke Rd. #A
 City Washington State MI Zip Code 48095-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Romeo Foot & Ankle Clinic Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 13 / 2012**
Transaction ID : 19730936
 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: (check only one)	PAGE 34 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Dr. Marc R. Bernbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Burr Hall Rd.
 City Middlebury State CT Zip Code 06762-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Waterbury Podiatry Consultants Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012
Transaction ID : 19732126
 Amount of Each Receipt this Period
 250.00

B. Dr. Steven Paul Abramow
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Alpine Ct.
 City Demarest State NJ Zip Code 07627-2313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Manhattan Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012
Transaction ID : 19732127
 Amount of Each Receipt this Period
 500.00

C. Dr. Stephen John Merena
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Vista Ct.
 City Jericho State VT Zip Code 05465-2527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Champlain Valley Foot & Ankle Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2012
Transaction ID : 19732128
 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: (check only one)	PAGE 36 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Dr. Scott L. Shindler
Full Name (Last, First, Middle Initial)

Mailing Address 508 James Pl.

City Yankton State SD Zip Code 57078-1830

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

Name of Employer Shindler Foot Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : 19732939

Amount of Each Receipt this Period
 300.00

B. Dr. Dusty R. Haverly
Full Name (Last, First, Middle Initial)

Mailing Address 6102 Timberknoll Dr.

City Macungie State PA Zip Code 18062-8884

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : 19732941

Amount of Each Receipt this Period
 1000.00

C. Dr. Roderick D. Farley
Full Name (Last, First, Middle Initial)

Mailing Address 8001 Merissa Ln. N.E.

City Albuquerque State NM Zip Code 87122-3763

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : 19733033

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Faith C. Shapiro
 Full Name (Last, First, Middle Initial)
 Mailing Address 6209 Alt Monte Ave. N.E.
 City Albuquerque State NM Zip Code 87110-2101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S.W. Podiatry Center Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : 19733035
 Amount of Each Receipt this Period
 500.00

B. Dr. Gerard J. Kerbleski
 Full Name (Last, First, Middle Initial)
 Mailing Address 10105 Florence Ave. N.E.
 City Albuquerque State NM Zip Code 87122-3911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Podiatry Associates of NM Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : 19733037
 Amount of Each Receipt this Period
 250.00

C. Dr. Briant G. Moyles
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 Franklyn Ave.
 City Indialantic State FL Zip Code 32903-4603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Melbourne Podiatry Associates Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : 19733038
 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: (check only one)	PAGE 38 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. Kert W. Howard
Full Name (Last, First, Middle Initial)

Mailing Address 7688 W. Portneuf Rd.

City Pocatello State ID Zip Code 83204-7336

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

Name of Employer Pocatello Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 16 / 2012
Transaction ID : 19734817

Amount of Each Receipt this Period 300.00

B. Dr. Bradley Don Beasley
Full Name (Last, First, Middle Initial)

Mailing Address 1705 W. Montpelier St.

City Broken Arrow State OK Zip Code 74012-8597

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

Name of Employer Restoration Foot & Ankle, PLLC Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 16 / 2012
Transaction ID : 19734818

Amount of Each Receipt this Period 300.00

C. Dr. Brent Martin Harwood
Full Name (Last, First, Middle Initial)

Mailing Address Southeast Podiatry 23937 U.S. Hwy. 98 #1

City Fairhope State AL Zip Code 36532-3353

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

Name of Employer Southeast Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2012
Transaction ID : 19734820

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Devang C. Patel
Full Name (Last, First, Middle Initial)

Mailing Address 761 Main Ave.

City Norwalk State CT Zip Code 06851-1080

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

Name of Employer Self-Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 16 / 2012
Transaction ID : 19734821

Amount of Each Receipt this Period
1000.00

B. Dr. Patrick Kevin Briggs
Full Name (Last, First, Middle Initial)

Mailing Address 3012 Pittsburgh St.

City Houston State TX Zip Code 77005-3817

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

Name of Employer Anchorage Foot & Ankle Specialists
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 16 / 2012
Transaction ID : 19734823

Amount of Each Receipt this Period
500.00

C. Dr. Arnold S. Gross
Full Name (Last, First, Middle Initial)

Mailing Address 5590 Pembroke Crossing

City West Bloomfield State MI Zip Code 48322-1791

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
02 / 16 / 2012
Transaction ID : 19734913

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Paul R. Glaser
 Full Name (Last, First, Middle Initial)
 Mailing Address 8816 Shipwatch Dr.
 City Wilmington State NC Zip Code 28412-3542
 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 02 / 17 / 2012
Transaction ID : 19737779
 Amount of Each Receipt this Period 300.00

B. Dr. Debra Mary Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address South Baldwin Podiatry 1770 N. Alston St.
 City Foley State AL Zip Code 36535-2274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer S. Baldwin Podiatry, P.C. Occupation Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 21 / 2012
Transaction ID : 19737787
 Amount of Each Receipt this Period 1000.00

C. Dr. James Q. McClelland
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 12th Ave. N.W. #F
 City Ardmore State OK Zip Code 73401-1206
 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 02 / 21 / 2012
Transaction ID : 19737791
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Rylan J. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 16630 Elk Horn Rd.
 City State Zip Code
 Piedmont SD 57769-2125
 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
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19737792
 Amount of Each Receipt this Period
 250.00

B. Dr. Samuel Nava Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8381 Navisota Dr.
 City State Zip Code
 Lantana TX 76226-7344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 S.W. Podiatry Associates Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19737996
 Amount of Each Receipt this Period
 300.00

C. Dr. Janet Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Van Buren Pl. S.E.
 City State Zip Code
 Albuquerque NM 87108-3555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Podiatry Associates of NM Podiatric Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : 19738006
 Amount of Each Receipt this Period
 1200.00

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: (check only one)	PAGE 42 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Robert R. Bier
Full Name (Last, First, Middle Initial)
Mailing Address 16 Monica Dr.
City Edison State NJ Zip Code 08820-3224
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
02 / 22 / 2012
Transaction ID : 19740522
Amount of Each Receipt this Period
300.00

B. Dr. Kile W. Kinney
Full Name (Last, First, Middle Initial)
Mailing Address 3552 Carnoustie Dr.
City Martinez State GA Zip Code 30907-9504
FEC ID number of contributing federal political committee. **C**
Name of Employer The Foot & Ankle Group
Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 24 / 2012
Transaction ID : 19740531
Amount of Each Receipt this Period
300.00

C. Dr. James N. Whipple
Full Name (Last, First, Middle Initial)
Mailing Address 48 Val Halla Rd.
City Cumberland Center State ME Zip Code 04021-4033
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed (ret)
Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
02 / 27 / 2012
Transaction ID : 19741803
Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. James P. Hatfield
Full Name (Last, First, Middle Initial)

Mailing Address 2596 White Owl Dr.

City Encinitas State CA Zip Code 92024-6557

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
02 / 24 / 2012
Transaction ID : 19742313

Amount of Each Receipt this Period
250.00

B. Dr. Terence Scott Pedersen
Full Name (Last, First, Middle Initial)

Mailing Address 122 Lake Shore Dr.

City Utica State SD Zip Code 57067-5910

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
02 / 27 / 2012
Transaction ID : 19742323

Amount of Each Receipt this Period
250.00

C. Dr. Brian W. Cornell
Full Name (Last, First, Middle Initial)

Mailing Address 3 Algonquin Dr.

City Middletown State RI Zip Code 02842-4573

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
02 / 27 / 2012
Transaction ID : 19742345

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Charles M. Lombardi
Full Name (Last, First, Middle Initial)

Mailing Address 166-02 12th Rd.

City Beechhurst State NY Zip Code 11357-2806

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 02 / 28 / 2012
Transaction ID : 19742354

Amount of Each Receipt this Period 500.00

B. Dr. Angela Lee Drury
Full Name (Last, First, Middle Initial)

Mailing Address 101 Hospital Loop N.E. #214

City Albuquerque State NM Zip Code 87109-2128

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 02 / 27 / 2012
Transaction ID : 19742437

Amount of Each Receipt this Period 300.00

C. Dr. Damien M. Dauphinee
Full Name (Last, First, Middle Initial)

Mailing Address 2113 Winthrop Hill Rd.

City Argyle State TX Zip Code 76226-2103

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

Name of Employer Complete Foot & Ankle Care of N. TX Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2012
Transaction ID : 19742438

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Dr. David Stewart Liebow
Full Name (Last, First, Middle Initial)

Mailing Address 1202 Peaked Mountain Rd.

City Townshend State VT Zip Code 05353

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
02 / 29 / 2012

Transaction ID : 19742503

Amount of Each Receipt this Period
300.00

B. Dr. Vito J. Rizzo
Full Name (Last, First, Middle Initial)

Mailing Address 24 Brentwood Rd.

City Bay Shore State NY Zip Code 11706-8011

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
02 / 29 / 2012

Transaction ID : 19742797

Amount of Each Receipt this Period
300.00

C. Dr. Nicholas J. Tanner
Full Name (Last, First, Middle Initial)

Mailing Address 238 E. 13th Ave.

City Spokane State WA Zip Code 99202-1115

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

Name of Employer Family Foot Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
MM / DD / YYYY
02 / 29 / 2012

Transaction ID : 19743085

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Dr. Kenneth E. Jacoby
Full Name (Last, First, Middle Initial)

Mailing Address 4N 916 Middlecreek Ln.

City Saint Charles State IL Zip Code 60175

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

Name of Employer Elgin Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 29 / 2012
Transaction ID : 19763651

Amount of Each Receipt this Period 300.00

B. Dr. Jeannie Y. Jo
Full Name (Last, First, Middle Initial)

Mailing Address 7602 Old Sturbridge Ln.

City Baton Rouge State LA Zip Code 70806-7670

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 02 / 29 / 2012
Transaction ID : 19763653

Amount of Each Receipt this Period 300.00

C. Dr. Blake Odell Zobell
Full Name (Last, First, Middle Initial)

Mailing Address 855 N. 225 W.

City Richfield State UT Zip Code 84701-1775

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 02 / 24 / 2012
Transaction ID : 19779954

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).....	58572.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Rosa DeLauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Rosa L. DeLauro

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2012

Transaction ID : 19716292

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Citizens For Altmire

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Jason Altmire

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: PA District: 04

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2012

Transaction ID : 19716298

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Renee Ellmers For Congress Committee

Mailing Address P.O. Box 904

City Dunn State NC Zip Code 28335

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Renee Ellmers

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2012

Transaction ID : 19716326

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2012

Transaction ID : 19716328

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ben Cardin For Senate

Mailing Address P.O. Box 21093

City Catonsville State MD Zip Code 21228

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Benjamin Cardin

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2012

Transaction ID : 19716330

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Thoroughbred PAC

Mailing Address 499 South Capitol St. SW, Suite 42

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2012

Transaction ID : 19716331

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wenstrup For Congress

Mailing Address 512 Missouri Ave

City Cincinnati State OH Zip Code 45226

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Brad Wenstrup

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		29		2012

Transaction ID : 19769110

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

2500.00

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

13000.00
