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FEC FORM 3X

FE6AN026

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 A 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) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day 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 02 0 1 2009 02 28 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 03 16 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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

F	eport Covering the Period: From:	01 2009	To: 0 2 2 8 2 9 2 0 0 9
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Ž009 Y Y		322169.33
	(b) Cash on Hand at Begining of Reporting Period	386573.33	
	(c) Total Receipts (from Line 19)	49823.00	122227.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	436396.33	444396.33
7.	Total Disbursements (from Line 31)	21575.00	29575.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	414821.33	414821.33
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		
10.	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

0 1 2^D8 м м 0 2 0 2 M 2009 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 79375.00 37725.00 (i) Itemized (use Schedule A) 11098.00 40852.00 (ii) Unitemized (iii) TOTAL (add 48823.00 120227.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 1000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 48823.00 121227.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 1000.00 1000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 49823.00 122227.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts

49823.00

122227.00

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(a) Shared Federal Election Activity (from Schedule H6)

(i) Federal Share

(ii) "Levin" Share

With Federal Funds

32. Total Federal Disbursements

from Line 31).....

23.

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 0.00 0.00 Expenditures..... 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 21500.00 29500.00 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 75.00 75.00 Than Political Committees 0.00 0.00 0.00 0.00 (such as PACs) 75.00 75.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 (b) Federal Election Activity Paid Entirely 0.00 0.00 (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 21575.00 29575.00 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. (subtract Line 21(a)(ii) and Line 30(a)(ii)

21575.00

29575.00

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)	48823.00	121227.00
34.	Total Contribution Refunds (from Line 28(d))	75.00	75.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	48748.00	121152.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/33 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d 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 o solicit 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. John E. Forrette			Date of Receipt
Mailing Address 3028 S. Amanda Ct	t.		02 02 2009
City Sioux Falls	State SD	Zip Code 57103-4828	Transaction ID: 16315368
FEC ID number of contributing federal political committee.	C	37103-4020	Amount of Each Receipt this Period 250.00
Name of Employer Sioux Valley Clinic	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub	Date of Receipt		
Mailing Address 100 Ayshire Ct.			0 2 0 2 2 0 0 9
City Slidell	State LA	Zip Code 70461-5034	Transaction ID: 16315372 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70401 3004	1000.00
Name of Employer Self-Employed	Occupation	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Donald James Carlson			Date of Receipt
Mailing Address 711 N.W. 6th St.			0 2 0 2 2 0 0 9
City Pendleton	State OR	Zip Code 97801-1319	Transaction ID: 16315373
FEC ID number of contributing federal political committee.	C	37001-1319	Amount of Each Receipt this Period 300.00
Name of Employer Hermiston Family Foot Cli- nic	- ' '	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00]
			1550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/33 (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 NAME OF COMMITTEE (In Full) American Podiatric Medical Associ			on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kenneth F. Malkin Mailing Address Caldwell Podiatry C 376 Bloomfield Ave City Caldwell	Center e. State NJ	Zip Code 07006-5525	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer Caldwell Podiatry Center Receipt For: Primary General Other (specify) ▼	Occupation Podiatric F Aggregate	Physician Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth E. Jacoby Mailing Address 4N 916 Middlecreek Ln.			Date of Receipt 0 2 0 4 2 0 0 9
City	State	Zip Code	Transaction ID: 16317736
Saint Charles	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Elgin Foot & Ankle Center	Occupation Podiatric F	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Vito Petruzzella	•		Date of Receipt
Mailing Address 35 Evergreen Ln.			02 04 2009
City	State	Zip Code	Transaction ID: 16317737
Watchung FEC ID number of contributing federal political committee.	C	07060-6002	Amount of Each Receipt this Period 250.00
Name of Employer Family Foot Care Associates	Occupation Podiatric F		
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 33 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	nd Statements may not be sold or used by any person the name and address of any political committee to ation Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David S. Guggenheim Mailing Address 1063 Wylie Rd. City West Chester FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Associates Receipt For: Primary General	State Zip Code PA 19382-8129 C Occupation Podiatric Physician Aggregate Year-to-Date	Date of Receipt 0 2 0 4 2 0 0 9 Transaction ID: 16317738 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Laura R. Lefkowitz Mailing Address 1600 Pandora Ave.	250.00	Date of Receipt 0 2
City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code CA 90024-6114 C Occupation Podiatric Physician	Transaction ID: 16317741 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	Date of Pagaint
Dr. Devang C. Patel Mailing Address 520 West Ave. City Norwalk FEC ID number of contributing federal political committee.	State Zip Code CT 06850-4034 C	Date of Receipt M M
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional	(Is	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress 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 Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Craig H. Thomajan			Date of Receipt
Mailing Address 2903 Pamella Ct.			02 04 2009
City Austin	State TX	Zip Code 78734-2360	Transaction ID: 16317745 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70704 2000	500.00
Name of Employer Austin Foot & Ankle Speci- alists		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Barney A. Greenberg	Date of Receipt		
Mailing Address 16283 Cayuga Cir.			0 2 0 4 2 0 0 9
City Davie	State FL	Zip Code 33331-2155	Transaction ID: 16317746
FEC ID number of contributing federal political committee.	C	33331-2133	Amount of Each Receipt this Period 1000.00
Name of Employer Podiatry Associates	Occupatio	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas S. Godfryd			Date of Receipt
Mailing Address 4988 Heather Point	t		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: 16317747
Birmingham FEC ID number of contributing federal political committee.	C	35242-3950	Amount of Each Receipt this Period 1000.00
Name of Employer Birmingham Podiatry	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	I SI)		2500.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 33 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Association			
Д .	Full Name (Last, First, Middle Initial) Dr. Roberta Giudice-Teller Million Address - 2044 N.W. Oth Di			Date of Receipt
	Mailing Address 2244 N.W. 9th Pl.			02 04 2009
	City Gainesville	State FL	Zip Code 32605-5202	Transaction ID: 16317749 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01000 0101	1000.00
	Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Mark S. Block Mailing Address 660 Glades Rd. #120	Date of Receipt		
				02 04 2009
	City Boca Raton	State FL	Zip Code 33431-6466	Transaction ID: 16317750
	FEC ID number of contributing federal political committee.	C	33431-0400	Amount of Each Receipt this Period
	Name of Employer Self-Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
 c.	Full Name (Last, First, Middle Initial) Dr. Peter C. Paicos, Jr.			Date of Receipt
	Mailing Address Affiliates in Foot Care 3 Woodland Rd. #411			02 04 2009
	City Stoneham	State MA	Zip Code 02180-1714	Transaction ID: 16318250
	FEC ID number of contributing federal political committee.	C	02100-1714	Amount of Each Receipt this Period 1050.00
	Name of Employer Affiliates in Foot Care	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1050.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		3050.00
Ι.	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 33 (check only one) X
Any information copied from such Reports and Sor 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
Full Name (Last, First, Middle Initial) Dr. Howard I. Hyman Mailing Address 1 Brookeside Ct. City Scotch Plains FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	, '	Zip Code 07076-2647 on B Physician B Year-to-Date ▼	Date of Receipt M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jay D. Lifshen Mailing Address 5706 Windmier Cir.	Chala	250.00	Date of Receipt 0 2 0 5 2 0 0 9
City Dallas FEC ID number of contributing federal political committee. Name of Employer S.W. Podiatry Associates Receipt For: Primary General Other (specify) ▼		Zip Code 75252-5007 In Physician Payear-to-Date 1000.00	Transaction ID: 16321174 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Dr. S. Chris Horine Mailing Address 15250 Peach Hill Rd. City Saratoga FEC ID number of contributing federal political committee. Name of Employer Silicon Valley Podiatry	State CA C	Zip Code 95070-6448	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Silicon Valley Podiatry Group Receipt For: Primary General Other (specify)	Aggregate	e Physician e Year-to-Date ▼ 250.00	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedu for each category of Detailed Summary P	the Crieck only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by the name and address of any political con	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Patrick Kevin Briggs		Date of Receipt
Mailing Address 16710 Waterford F	ointe Cir.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Anchorage	State Zip Code AK 99516-5434	Transaction ID: 16321177 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Anchorage Foot & Ankle Sp- ecialists	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr. Joseph M. Caporusso	Date of Receipt	
Mailing Address 217 E. Yellowhamr	02 09 7 7 7 7 7	
City McAllen	State Zip Code TX 78504-1622	Transaction ID: 16332540
FEC ID number of contributing federal political committee.	C 78304-1022	Amount of Each Receipt this Period
Name of Employer Complete Family Foot Care	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Dr. Steven M. Grunfeld		Date of Receipt
Mailing Address Birmingham Podia 2012 8th Ct. S.	try	02 09 2009
City Birmingham	State Zip Code AL 35205-2704	Transaction ID: 16332544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Birmingham Podiatry	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
	(ls	1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
1 \	NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee					
Full Name (Last, First, Middle Initial) Dr. Richard S. Jason	Dr. Richard S. Jason					
Mailing Address 2004 Ocean Front S	02 / 09 / 2009					
City Jacksonville	State Zip Code FL 32250-6246	Transaction ID: 16332545 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. Seth A. Rubenstein	Date of Receipt					
1860 Town Center	1860 Town Center Dr. #220					
City Reston	State Zip Code VA 20190-5905	Transaction ID: 16332546				
FEC ID number of contributing federal political committee.	C 20190-5905	Amount of Each Receipt this Period 1000.00				
Name of Employer Fox Mill Foot & Ankle Cen- ter	Occupation Podiatric Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial) Dr. Debra Mary Gibson		Date of Receipt				
Mailing Address P.O. Box 1207		02 09 2009				
City	State Zip Code	Transaction ID: 16332547				
Foley FEC ID number of contributing federal political committee.	AL 36536-1207	Amount of Each Receipt this Period 500.00				
Name of Employer S. Baldwin Podiatry, P.C.	Occupation Podiatric Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optional	l)	1750.00				
	ber only)					

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 33 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	nd Statements may not be sold or used by any per g the name and address of any political committee iation Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Richard J. Grayson Mailing Address 40 Avon Meadow L City Avon FEC ID number of contributing federal political committee. Name of Employer Self-Employed	_n. State Zip Code CT 06001-3753 C Occupation Podiatric Physician	Date of Receipt M M
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Michael H. Martin Mailing Address 1310 W. Broadway	y	Date of Receipt 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: 16337156
<u>Enid</u>	OK 73703-5719	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael R. Joyce		Date of Receipt
Mailing Address 519 S. Van Buren	0 2 1 1 2 0 0 9	
City	State Zip Code	Transaction ID: 16337158
Eden FEC ID number of contributing federal political committee.	NC 27288-5015	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)	1550.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 33 (check only one) X
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress 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 Association			
Α.	Full Name (Last, First, Middle Initial) Dr. Garry W. Neltner Mailing Address 3117 Hudnall Ln.			Date of Receipt
		01-11-	7's Ocale	02 12 2009
	City Edgewood	State KY	Zip Code 41017-2320	Transaction ID: 16344518 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Foot Care Center	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert M. Gerber	Date of Receipt		
	Mailing Address 800 Austin St. W. Tov	02 12 2009		
	City	State	Zip Code	Transaction ID: 16344519
	Evanston FEC ID number of contributing federal political committee.	C	60202-3445	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Brent Martin Harwood			Date of Receipt
	Mailing Address 20930 State Rd. 181			M M / D D / Y Y Y Y Y Y D D D / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 16344521
	Daphne FEC ID number of contributing federal political committee.	C	36526	Amount of Each Receipt this Period 1000.00
	Name of Employer Southeast Podiatry Occupation Podiatric Physician			
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2000.00
	TOTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any pers dress 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 Association	on Political <i>F</i>	Action Committee	
4.	Full Name (Last, First, Middle Initial) Dr. Thomas S. Murray Mailing Address 10812 S.E. 3rd St.			Date of Receipt
			7: 0 !	02 12 2009
	City Midwest City	State OK	Zip Code 73130-5104	Transaction ID: 16344522 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatric	on c Physician	
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Michael A. Conway	1		Date of Receipt
	Mailing Address 892 N. Broadway			02 12 2009
	City	State	Zip Code	Transaction ID: 16344523
	North Massapequa FEC ID number of contributing federal political committee.	C	11758-2352	Amount of Each Receipt this Period 1000.00
	Name of Employer Massapequa Foot Care	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
·	Full Name (Last, First, Middle Initial) Dr. Kim A. Halladay	_		Date of Receipt
	Mailing Address 574 Seagull Dr.			02 12 2009
	City	State	Zip Code	Transaction ID: 16344524
	Tooele FEC ID number of contributing federal political committee.	C	84074-1916	Amount of Each Receipt this Period 500.00
	Name of Employer Tooele Foot Clinic	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
		1		2000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Podiatric Medical A	n using the name and addre	ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initi Dr. David J. Freedman Mailing Address 2128 Rose T			Date of Receipt
City Olney	State MD	Zip Code 20832-1677	0 2 1 2 2 0 0 9 Transaction ID: 16344526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation Destination Dis		1000.00
Receipt For: Primary General Other (specify) ▼	Podiatric Pl Aggregate Ye	nysician ear-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initi Dr. John C. Marzano Mailing Address 11 McKinley			Date of Receipt 0 2 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: 16344528
Ardsley FEC ID number of contributing federal political committee.	C	10502-2403	Amount of Each Receipt this Period 500.00
Name of Employer Westchester Podiatric Med- icine, P.C. Receipt For:	Occupation Podiatric Pl	nysician ear-to-Date ▼	
Primary General Other (specify) ▼	riggregate	500.00	
Full Name (Last, First, Middle Initi Dr. Todd Rotwein	(l)		Date of Receipt
Mailing Address 335 Golf Dr.			02 12 2009
City <u>Oceanside</u>	State NY	Zip Code 11572-5614	Transaction ID: 16344530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11372-3014	500.00
Name of Employer Self-Employed	Occupation Podiatric Pl	nvsician	
Receipt For: Primary General Other (specify) ▼	 '	par-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	optional)		2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 33 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	the 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. Lesley S. Appel Mailing Address 146 Ritchie Ave			Date of Receipt 0 2 1 2 2 0 0 9
City Cincinnati FEC ID number of contributing	State OH	Zip Code 45215-2035	Transaction ID: 16344533 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation Podiatric	n Physician • Year-to-Date ▼]
Full Name (Last, First, Middle Initial) Dr. Scott Altman Mailing Address 185 E. 85th St. #23	BH		Date of Receipt 0 2 1 2 2 0 0 9
City New York	State NY	Zip Code 10028-2147	Transaction ID: 16344535 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. David M. Schofield			Date of Receipt
Mailing Address 1734 Pinnacle Rd.			02 12 2009
City Elmira	State NY	Zip Code 14905-1240	Transaction ID: 16344536 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14303-1240	250.00
Name of Employer Chemung Country Medical Society		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional	I		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 33 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associations (In Full)	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Charles Morelli Mailing Address 130 Beach Ave. City	State	Zip Code	Date of Receipt 0 2 1 2 2 0 0 9
Mamaroneck FEC ID number of contributing federal political committee.	NY C	10543-2701	Transaction ID: 16344537 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	- ' -	n Physician • Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Shapiro Mailing Address 172 Lagoon Dr. W.			Date of Receipt 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: 16344538
<u>Lido Beach</u>	NY	11561-4916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Carolyn Kay Stansberry	I		Date of Receipt
Mailing Address Queen City Medica 1420 N. 10th St.	ll Center		02 13 7 9 9
City	State	Zip Code	Transaction ID: 16364241
Spearfish FEC ID number of contributing federal political committee.	SD	57783-1532	Amount of Each Receipt this Period 250.00
Name of Employer Queen City Medical Center	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 33 (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
Full Name (Last, First, Middle Initial) Dr. Dale Mark Rosenblum Mailing Address 13081 Lariat Ln.			Date of Receipt 0 2 1 3 2 0 0 9
City Santa Ana FEC ID number of contributing federal political committee.	State CA	Zip Code 92705-2244	Transaction ID: 16364243 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	 	n Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Katherine Bailey Mailing Address Bailey & Associates 1307 Washington St			Date of Receipt M
City Oregon FEC ID number of contributing federal political committee.	State IL C	Zip Code 61061-1022	Transaction ID: 16370538 Amount of Each Receipt this Period 250.00
Name of Employer Bailey & Associates Receipt For: Primary General Other (specify)	 '	n Physician e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Jon A. Hultman Mailing Address 2011 Thayer Ave.			Date of Receipt
City Los Angeles FEC ID number of contributing federal political committee.	State CA	Zip Code 90025-5296	7 Transaction ID: 16370539 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	_ t	n Physician Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional))		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21/33 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress 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	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Alan S. Lewis			Date of Receipt
Mailing Address 90 Keats Rd.			02 17 2009
City Basking Ridge	State NJ	Zip Code 07920-2616	Transaction ID: 16370540 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Walter D. Clark	I		Date of Receipt
Mailing Address 13 Innisbrook Ln.			02 19 2009
City Birmingham	State A L	Zip Code	Transaction ID: 16371322
FEC ID number of contributing federal political committee.	C	35242-5922	Amount of Each Receipt this Period 250.00
Name of Employer Birmingham Podiatry	Occupation Podiatric	n Physician	7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul Kinberg			Date of Receipt
Mailing Address 6023 Gentle Knoll L	Ln.		02 19 2009
City Dallas	State TX	Zip Code 75248-2122	Transaction ID: 16371324 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7 02 10 2 12 2	1000.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	I		1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 33 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associat	ne 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. Thomas P. Broner Mailing Address 1354 Pinewood Rd.			Date of Receipt
City Jacksonville Beach FEC ID number of contributing	State FL	Zip Code 32250-2931	Transaction ID: 16371326 Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed Receipt For: Primary General		n Physician e Year-to-Date	500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Kathleen M. Stone Mailing Address 18807 N. 42nd Ave.		500.00	Date of Receipt
City Glendale FEC ID number of contributing federal political committee.	State AZ	Zip Code 85308-7527	0 2 2 0 2 0 0 9
Name of Employer Self-Employed Receipt For: □ Primary □ General Other (specify) ▼		n Physician • Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Michael J. King Mailing Address 176 Sweet Farm Rd.	1		Date of Receipt 0 2 2 0 7 2 0 0 9
City Portsmouth FEC ID number of contributing federal political committee.	State RI	Zip Code 02871-1291	Transaction ID: 16373134 Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼		n Physician • Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00

A. Date of Receipt Full Name (Last, First, Middle Initial) Double of Employer Self Employed Primary Or Receipt FC ID number of contributing federal political committee Full Name (Last, First, Middle Initial) Double of Employer Self Employed Podiatric Physician Receipt For: Primary Or Road General Orange CT 06477-2803 FEC ID number of contributing Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373135 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373135 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373135 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373135 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373136 Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt Transaction ID: 16373136	ITEMIZE Any informati	JLE A (FEC Form 3X) D RECEIPTS ion copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	n for the purpose of soliciting contribution	12 16 17
A. Dr. David G. Edwards Mailling Address 1651 Saddle Hill Dr. City State Zip Code Logan UT 84321-4828 FEC ID number of contributing federal political committee. Name of Employer Self Employed FEC ID number of contributing federal political committee. Political political committee. C	or for comme	ercial purposes, other than using the r F COMMITTEE (In Full)	name and add	dress of any political committee to	solicit contributions from such committe	e
City State Zip Code UT 84321-4828 FEC ID number of contributing federal political committee. C	A. Dr. David	G. Edwards			⊣	
Logan		Too Saudie Filli Dr.				
FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Podiatric Physician				·		
Receipt For: Primary General Aggregate Year-to-Date ▼ Primary General 1000.00 Primary General 1000.00 Primary General 1000.00 Primary General 1000.00 Pull Name (Last, First, Middle Initial) Date of Receipt Date of Receipt 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FEC ID no			84321-4828		1 1
Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. R. Daniel Davis Mailing Address 450 Clement Ln. City State Zip Code CT 06477-2803 FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ 1000.00 City State Zip Code Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt 1000.00 Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt 1000.00 Transaction ID: 16373136 Amount of Each Receipt this Period Date of Receipt 1000.00 Transaction ID: 16373140 Amount of Each Receipt this Period Date of Receipt 1000.00 Date of Receipt Ferion 1000.00 Date of Receipt 1000.00						
Date of Receipt Mailing Address 450 Clement Ln. City City State CT 06477-2803 FEC ID number of contributing federal political committee. Name of Employer Self Employed General Other (specify) ▼ State CIty State City State City City State City City State	Prin	nary General	Aggregate	1000.00		
City Orange FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 16373136 Amount of Each Receipt this Period Cucupation Podiatric Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Phillip E. Ward Mailing Address 65 Shadow Ln. City Whispering Pines FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NC Receipt For: Primary General Other (specify) ▼ Occupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Occupation Podiatric Physician Aggregate Year-to-Date ▼ Occupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Occupation Podiatric Physician Aggregate Year-to-Date ▼					Date of Receipt	
Orange CT 06477-2803 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	Mailing Ad	ddress 450 Clement Ln.				
FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Phillip E. Ward Mailing Address 65 Shadow Ln. City State Zip Code NC 28327-9359 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NC Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	City			Zip Code	Transaction ID: 16373136	
Name of Employer Self Employe	<u>Orange</u>		СТ	06477-2803	Amount of Each Receipt this Peri	od
Receipt For: Primary			С		1000).00
Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Dr. Phillip E. Ward Mailing Address 65 Shadow Ln. City State Zip Code NC 28327-9359 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NC Podiatric Physician Receipt For: Primary General Other (specify) ▼ 1000.00	Name of E Self Empl	Employer loyed				
Dr. Phillip E. Ward Mailing Address 65 Shadow Ln. City State Zip Code Whispering Pines NC 28327-9359 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NC Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 16373140 Amount of Each Receipt this Period C 1000.00	Prin	nary General	Aggregate			
City Whispering Pines NC 28327-9359 FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NC Receipt For: Primary Other (specify) ▼ Podiatric Physician Aggregate Year-to-Date O 2 2 0 2 0 0 9 Transaction ID: 16373140 Amount of Each Receipt this Period 1000.00					Date of Receipt	
Whispering Pines NC 28327-9359 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NC Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Mailing Ad	ddress 65 Shadow Ln.				
FEC ID number of contributing federal political committee. Name of Employer Foot & Ankle Center of NC Receipt For: Primary General Other (specify) ▼ Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	•			Zip Code	Transaction ID: 16373140	
Receipt For: Primary Other (specify) ▼ Occupation Podiatric Physician Aggregate Year-to-Date 1000.00	· · · · · · · · · · · · · · · · · · ·	•	NC	28327-9359	Amount of Each Receipt this Peri	od
Receipt For: Primary Other (specify) Aggregate Year-to-Date 1000.00			C		1000).00
Primary General Other (specify) ▼ 1000.00	Name of E Foot & Ar	Employer ikle Center of NC				
SUPTOTAL of Passints This Page (entional)	Prin	nary General	Aggregate			
SUBTUTAL of neceipts this rage (optional)	SUBTOTAL	I of Receipts This Page (optional)			3000	0.00

TOTAL This Period (last page this line number only)

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	'tatamenta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 33 (check only one) X 11a
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee t	o solicit contributions from such committee.
<u>/</u> A .	Full Name (Last, First, Middle Initial) Mr. Don M. Canada Mailing Address 918 Congress Ave. #2	00		Date of Receipt
	City Austin	State TX	Zip Code 78701-2422	Transaction ID: 16373142 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Texas Podiatric Medical Assn. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	_ '	on c Physician e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Christian H. Kindsvatter Mailing Address 1000 W. St. Joseph #2 P.O. Box 15339	200		Date of Receipt 0 2 2 4 2 0 0 9
	City	State MI	Zip Code	Transaction ID: 16387007
	Lansing FEC ID number of contributing federal political committee.	C	48901-5339	Amount of Each Receipt this Period 1000.00
	Name of Employer Michigan Poldiatric Medic- al Associatio Receipt For: Primary General Other (specify) ▼		e Director e Year-to-Date ▼ 1000.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Michael Tritto Mailing Address 14409 White Tree Pl.			Date of Receipt
	City	State	Zip Code	0 2 2 4 2 0 0 9 Transaction ID: 16387008
	North Potomac FEC ID number of contributing federal political committee.	MD C	20878-4354	Amount of Each Receipt this Period 500.00
	Name of Employer The Forum	Occupation	on c Physician	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 500.00	
		<u> </u>		1750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 33 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Scott L. Shindler Mailing Address 508 James Pl. City	State	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Yankton FEC ID number of contributing federal political committee.	SD	57078-1830	Amount of Each Receipt this Period 250.00
Name of Employer Shindler Foot Clinic Receipt For: Primary General Other (specify) ▼	 	n Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James R. Christina Mailing Address 3 Glendorian Ct.			Date of Receipt 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: 16387010
Cockeysville	MD	21030-2407	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer APMA	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Herman Hammerschmidt	•		Date of Receipt
Mailing Address 6 Brandon Road			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 16387011
<u>Lawrenceville</u>	NJ	08648-1502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		275.00
Name of Employer New Jersey Podiatric Medi- cal Society Receipt For:	 	e Director	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00]
SUBTOTAL of Receipts This Page (options	al)		775.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
). A.	Full Name (Last, First, Middle Initial) Dr. Frank A. Spinosa Mailing Address P.O. Box 72			Date of Receipt 0 2 1 9 2 0 0 9
	City Shelter Island FEC ID number of contributing	State NY	Zip Code 11964-0072	Transaction ID: 16388353 Amount of Each Receipt this Period
	Receipt For: Primary Other (specify)		on c Physician e Year-to-Date ▼	150.00
ь В.	Full Name (Last, First, Middle Initial) Dr. Frank A. Spinosa Mailing Address P.O. Box 72			Date of Receipt 0 2 1 9 2 0 0 9
	City	State	Zip Code	Transaction ID: 16388354
	Shelter Island	NY	11964-0072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1150.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Robert M. Parks	•		Date of Receipt
	Mailing Address 12909 Arroyo De Vista	ı N.E.		02 / 26 / 2009
	City	State	Zip Code	Transaction ID: 16626930
	Albuquerque FEC ID number of contributing federal political committee.	C	87111-2905	Amount of Each Receipt this Period 150.00
	Name of Employer Lovelace Sandia Health Sy- stem Receipt For:		n c Physician e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
	SUBTOTAL of Receipts This Page (optional))	1300.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 33 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Gerard J. Kerbleski Mailing Address 10105 Florence Ave. N	I.E.		Date of Receipt
	City Albuquerque	State NM	Zip Code 87122-4008	Transaction ID: 16626932 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Podiatry Associates of NM Receipt For: Primary General Other (specify) ▼		n Physician e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Roderick D. Farley Mailing Address 8001 Merissa Ln. N.E.			Date of Receipt 0 2 2 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 16626933
	Albuquerque FEC ID number of contributing federal political committee.	C	87122-3763	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed Receipt For: Primary General	. '	n Physician e Year-to-Date ▼ 250.00	
_	Under (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	230.00	
;.	Dr. Gordon P. Rheaume Mailing Address 80 Baylor St.			Date of Receipt O 2
	City Pueblo	State CO	Zip Code 81005-1640	Transaction ID: 16883223 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01003 1040	250.00
	Name of Employer Podiatry Associates	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

	COUEDINE A /EEO Farm 2V)			FOR LINE NUMBER: PAGE 28/33						
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)						
	ITEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12						
			Detailed Summary Page	13 14 15 16 17						
	Any information copied from such Reports and State or for commercial purposes, other than using the n	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	American Podiatric Medical Association	Political A	Action Committee							
	/									
	Full Name (Last, First, Middle Initial)			Date of Descint						
A.	Dr. Howard M. Gale			Date of Receipt						
	Mailing Address P.O. Box 2591			02 28 2009						
	City	State	Zip Code	Transaction ID: 16883224						
	Statesboro	GA	30459-2591	Amount of Each Receipt this Period						
	FEC ID number of contributing			500.00						
	federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupatio	n	7						
	Self Employed	1 '	: Physician							
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General	00 0		1						
	Other (specify) ▼		500.00							
	Full Name (Last, First, Middle Initial)									
B.	Mr. Brant L. McCartan			Date of Receipt						
	Mailing Address 3301 N.E. 5th Ave. PH	11		02 13 2009						
	City	State	Zip Code	Transaction ID: 16914398						
	<u>Miami</u>	FL	33137	Amount of Each Receipt this Period						
	FEC ID number of contributing	С		0.00						
	federal political committee.	<u>C</u>		0.00						
	Name of Employer Podiatric Student	Occupatio	n	7						
	Podiatric Student	Podiatric	Student							
	Receipt For:	Aggregate	e Year-to-Date ▼	[MEMO ITEM]						
	Primary General		0.00							
	Other (specify)		0.00	Refund(s) on Schedule B Totaling \$75.00 This changes the YTD Total to \$0.00						

		F00.00
SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	37725.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 33 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Podiatric Medical Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella Mailing Address PO Box 131403 PO Box 060248 City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Staten Island FEC ID number of contributing federal political committee. Name of Employer	NY 10313 C C00328070 Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2005 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	refund from Fossella camp- aign - 2008 general elect- ion funds

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	•	1000.00

FE6AN026

ITEMIZED DICTURE MENTS		Use separate schedule(s	s)			= NUMBER: PAGE 30 / 33 ly one)						<i>.</i>	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	Х	23 28b		24 28c		25 29	
	y Information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	name and address of any politica	al com										
<u>V</u>	Full Name (Last, First, Middle Initial) Diana Degette For Congress						of D	isburs	eme				
	Mailing Address P.O. Box 61337					0 ^M 2	М	/ D	1 0	/ L	ž	o ŏ 9	Y
	City Denver	State Zip Code CO 80206				Amou	unt o	f Eacl	n Dis	burse	-	this F	-
	Purpose of Disbursement		_	011		L.	•	_			10	00.00)
	Candidate Name Rep. Diana DeGette			teg Type									
	Senate President	oursement For: 2010 X Primary General Other (specify)											
	State: CO District: 01 Full Name (Last, First, Middle Initial) Brett Guthrie for Congress					Trans		ion ID			278		
	Mailing Address PO Box 9639					0 ^M 2	M	/ D	1 0	/ Y	ž	o ŏ 9	Y
	City Bowling Green	State Zip Code KY 42102				Amou	unt o	f Eacl	n Dis	burse	-	this F	
	Purpose of Disbursement Candidate Name		_	011 ateg		L.		•			10	00.00)
	Brett Guthrie Office Sought: X House Senate President State: KY District: 02	oursement For: 2010 X Primary General Other (specify)		Тур	-								
	Full Name (Last, First, Middle Initial) Mikulski For Senate Committee					Trans Date	of D	isburs	eme		280		
	Mailing Address P O B 13147					0 ^M 2	М	/ D	1 0	/ L	ž	o ŏ s) \
	City Baltimore	State Zip Code MD 21203				Amou	unt o	f Eacl	n Dis	burse	-	this F	-
	Purpose of Disbursement		_	011		<u> </u>					25	00.00)
	Candidate Name Sen. Barbara A. Mikulski	. <u>-</u>		teg Type		-							
	Office Sought: House X Senate President State: MD District:	oursement For: 2010 Primary X General Other (specify)											
_	State. MB Biotriot.						_				_	00.00	

	EDULE B (FEC FOIIII 3X)		Use separate schedule(s)					E NUMBER: PAGE 31 /						33
EMIZED DIS			Detailed	category of the Summary Page		À	21b 27	22 28a		23 28b		8c	25 29	
y Information copied or commercial purpo NAME OF COMMI American Podiat	oses, other than usin	ng the name	and addre	ss of any political	com									S
Full Name (Last, Fi	•										: 163 ement	3528	1	
Mailing Address	7905 Malcolm I	Road Suite	102					0 ^M 2	M /	D 1	0 /	Y	2009	9 ^Y
City Clinton			State MD	Zip Code 20735				Amou	unt of	Each	Disbu		nt this I	
Purpose of Disburs Candidate Name	ement					011						1	500.0	0
Rep. Steny H. H	oyer X House	Disburser	nent For:	2010		atego Type	•							
State: MD	Senate President District: 05	X	Primary Other (spe	General ecify)										
Full Name (Last, First, Middle Initial) Kirk For Congress											: 163 ement	3528	2	
Mailing Address P.O. Box 8								0 ^M 2	M /	D 1	0 /	Y	ž 0 ŏ 9	9 ^Y
City Winnetka			State L	Zip Code 60093				Amou	ınt of	Each	Disbu		nt this I	
Purpose of Disburs	ement					011		L.		•		1	000.0	0
Candidate Name Rep. Mark Steve	n Kirk					atego Type	•							
	X House Senate President	Disburser X	nent For: Primary Other (spe	2010 General										
State: IL [Full Name (Last, Find Pallone For Control of Pallone For	. ,										: 163 ement	3528	3	
Mailing Address	PO Box 3176							0 ^M 2	M /	D 1	0 /	Y	ž o ŏ s	9 ^Y
City Long Branch			State NJ	Zip Code 07740				Amou	ınt of	Each	Disbu		nt this I	
Purpose of Disburs Candidate Name	ement					011		L.				1	000.0	U
Rep. Frank Pallo		Diobura	nont For	2010		atego Type								
	X House Senate President District: 06		nent For: Primary Other (spe	2010 General ecify) ▼										
CHOIGE INCL.	zioti iot. UU	I						l						

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ITEMIZED DIODUDOEMENTO		Use separate schedule(s)			heck only	= NUMBER: PAGE 32 / 33 ly one)							
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\square	24 28c	\mathbf{L}	25 29	2 3
	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Podiatric Medical Association I	ne and address of any politica	al con										
<u>V_</u>	Full Name (Last, First, Middle Initial) Citizens For Bunning Mailing Address 1717 Dixie Highway Su	te 180						on ID	emen) ý 9	Y
	City Ft Wright Purpose of Disbursement	State Zip Code KY 41011		•		Amou	int o	f Each	n Disb	ourser	-	this Po	-
	Candidate Name Sen. Jim Bunning Office Sought: House Disbur	ement For: 2010	C	01 ateg Typ	gory/								
	· -	Primary General Other (specify) ▼											
	Full Name (Last, First, Middle Initial) Simpson For Congress Mailing Address 1487 Parkway Drive					Trans Date		isburs) ŏ 9	Y
	City Blackfoot Purpose of Disbursement	State Zip Code ID 83221		01	1	Amou	int o	f Each	n Disk	ourser		this Po	
	ÿ <u> </u>	sement For: 2010 (Primary General Other (specify) ▼	C	ateg Typ	gory/ pe								
	State: ID District: 02 Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress					Trans Date	of D	isburs	emen				_
	Mailing Address PO Box 9336					0 2	М		2 3	/ L) Ď 9	
	City Fargo Purpose of Disbursement	State Zip Code ND 58106	I	_	-	Amou	int o	t Eacr	ı Dist	ourser	-	this Po 0.00	-
	Candidate Name Rep. Earl Pomeroy			01 ateg Typ	gory/								
	, <u>, , , , , , , , , , , , , , , , , , </u>	ement For: 2010 Primary General Other (specify)	•										
	UBTOTAL of Disbursements This Page (optional						-				450		

TEMPER DISPURSEMENTS	Use separate schedule(s) (check only	NUMBER: PAGE 33 / 33 vone)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and Star or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)			
American Podiatric Medical Association	Political Action Committee	e	
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee			Transaction ID: 16373677 Date of Disbursement O 2 D 2 D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 8331			
City Fremont	State Zip Code CA 94537		Amount of Each Disbursement this Perio
Purpose of Disbursement		011	2500.00
Candidate Name Rep. Fortney Peter Stark		Category/ Type	
Senate President	rsement For: 2010 X Primary General Other (specify)		
State: CA District: 13 Full Name (Last, First, Middle Initial) IMPACT			Transaction ID: 16628939 Date of Disbursement
Mailing Address 509 Madison Ave. Suite 1902			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City New York	State Zip Code NY 10022		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name		Category/ Type	
Office Sought: Senate President State: Disbut	rsement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Citizens For Bunning			Transaction ID: 16628948 Date of Disbursement
Mailing Address 1717 Dixie Highway S	uite 180		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ Z & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & Y \end{bmatrix}$
City Ft Wright	State Zip Code KY 41011		Amount of Each Disbursement this Period
Purpose of Disbursement	-	011	1500.00
Candidate Name Sen. Jim Bunning		Category/ Type	
X Senate President	rsement For: 2010 X Primary General Other (specify) ▼		
State: KY District:			
SUBTOTAL of Disbursements This Page (options	al)	>	9000.00
TOTAL This Period (last page this line number or	ulv)	•	21500.00