

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814 1698

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

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

5. Covering Period 03 01 2007 through 03 31 2007

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

Type or Print Name of Treasurer Dr. Gerald Peterson, DPM

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 04 20 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		250015.81
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	320664.21									
(c) Total Receipts (from Line 19)	73043.06	209163.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	393707.27	459179.26								
7. Total Disbursements (from Line 31)	58828.91	124300.90								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	334878.36	334878.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	49181.01	140420.12
(i) Itemized (use Schedule A)	20691.25	63672.50
(ii) Unitemized	69872.26	204092.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	69872.26	204092.62
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.)	3170.80	5070.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	73043.06	209163.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73043.06	209163.45

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1328.91	6300.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1328.91	6300.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	57000.00	117500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(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))	500.00	500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	58828.91	124300.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	58828.91	124300.90

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	69872.26	204092.62
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69372.26	203592.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1328.91	6300.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1328.91	6300.90

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard W. Peffley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007
Mailing Address Salem Foot Clinic 350 Miller St. S.E.		Transaction ID: 13824395
City Salem	State OR	Zip Code 97302-4248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Salem Foot Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Natalie M. Tobianski		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007
Mailing Address 30027 N. Waukegan Rd. #115		Transaction ID: 13824495
City Lake Bluff	State IL	Zip Code 60044-1090
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Earl R. Horowitz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007
Mailing Address 8309 barquero ct n		Transaction ID: 13824986
City Jacksonville	State FL	Zip Code 32217-4324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Peter M. Harvey		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2007
Mailing Address 1612-10th Street		Transaction ID: 13835273
City Wichita Falls	State TX	Zip Code 76301
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Terence B. Albright		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007
Mailing Address 399 Berkshire Dr.		Transaction ID: 13835562
City Lake Villa	State IL	Zip Code 60046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dean	Occupation Scholl College of Podiatric Medicine	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) C. Dr. Rick F. Martin		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007
Mailing Address 720 Aldinger Dr.		Transaction ID: 13835571
City Dallastown	State PA	Zip Code 17313-9232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Grace D. Pascual		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2007
Mailing Address 86-274 Alamihi St.		Transaction ID: 13835603
City Waianae	State HI	Zip Code 96792-2911
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. William N. McCann		Date of Receipt M M / D D / Y Y Y Y Y 03 / 07 / 2007
Mailing Address 18 Jonathan Lane		Transaction ID: 13835635
City Bow	State NH	Zip Code 03304-3713
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Anthony P. Tocco		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007
Mailing Address 700 Riverside Dr.		Transaction ID: 13840105
City Ormond Beach	State FL	Zip Code 32176-7814
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Brian G. Holcomb		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 3454 Green Apple Rd.		Transaction ID: 13840153	
City State Zip Code Gainesville GA 30506-4121	Amount of Each Receipt this Period 1000.00		
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Kenneth F. Malkin		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address Caldwell Podiatry Center 376 Bloomfield Ave.		Transaction ID: 13840158	
City State Zip Code Caldwell NJ 07006-4905	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Caldwell Podiatry Center	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Nicholas Przystawski		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address P.O. Box 491334		Transaction ID: 13840159	
City State Zip Code Leesburg FL 34749-1334	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Kile W. Kinney

Mailing Address 3552 Carnoustie Dr.

City State Zip Code
Martinez GA 30907-9504

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
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 13840234

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Douglas G. Stoker

Mailing Address 144 South 700 East

City State Zip Code
Salt Lake City UT 84102-1196

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
03 / 12 / 2007

Transaction ID: 13853201

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Ronald J. Clemente

Mailing Address N2297 W. Main Rd.

City State Zip Code
Lake Geneva WI 53147-3801

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
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 13858701

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Walter D. Clark

Mailing Address 13 Innisbrook Ln.

City Shoal Creek State AL Zip Code 35242-5922

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

Name of Employer Birmingham Podiatry Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2007

Transaction ID: 13867389

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert J. Gottlieb

Mailing Address 1 Rockaway Pl.

City Massapequa State NY Zip Code 11758-8034

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 ▼ 500.01

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2007

Transaction ID: 13869172

Amount of Each Receipt this Period
 500.01

C. Full Name (Last, First, Middle Initial)
Raymond Posa

Mailing Address 104 Casino Dr.

City Farmingdale State NJ Zip Code 07727-3702

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

Name of Employer R. Francis Associates Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2007

Transaction ID: 13869173

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.01
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Hal Ornstein		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 5 Amanda Ln.		Transaction ID: 13869175	
City Howell	State NJ	Zip Code 07731-8941	Amount of Each Receipt this Period 1001.00
FEC ID number of contributing federal political committee. C			
Name of Employer Affiliated Foot & Ankle Centers	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00		

Full Name (Last, First, Middle Initial) B. Dr. Eleanor A. Wallen		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 11111 Kling St.		Transaction ID: 13869181	
City West Toluca Lake	State CA	Zip Code 91602-1723	Amount of Each Receipt this Period 250.00
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Kristin K. Titko		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 11092 Allenhurst Blvd.		Transaction ID: 13869195	
City Cincinnati	State OH	Zip Code 45241	Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2251.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Ronald R. Vanderheyden		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address Foot Specialists of N. Co. Pod. Gr 1011 S. Santa Fe Ave. #F		Transaction ID: 13869197	
City Vista State CA Zip Code 92083-6918		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Foot Specialists of N. Co. Pod. Group 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. Mr. Herman Hammerschmidt		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 2 King Arthur Ct. #C		Transaction ID: 13869933	
City North Brunswick State NJ Zip Code 08902-3373		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Podiatric Medical Society Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Carol F. LaRose		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007	
Mailing Address Alliance Foot & Ankle 2741 Debarr Rd. #C315		Transaction ID: 13870139	
City Anchorage State AK Zip Code 99508-2992		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Alliance Foot & Ankle Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Christian Kindsvatter		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address Kindsvatter & Associates 1000 W. St. Joseph #200		Transaction ID: 13871272	
City State Zip Code Lansing MI 48901-5339	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer MICHIGAN PODIATRIC MEDICAL ASSOCIATION	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Jay D. Lifshen		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 5706 Windmier Cir.		Transaction ID: 13890111	
City State Zip Code Dallas TX 75252-5007	Amount of Each Receipt this Period 1000.00		
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Richard J. Salm		Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2007	
Mailing Address 2100 Sheephead Dr.		Transaction ID: 13894660	
City State Zip Code Naples FL 34102-1506	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Steven Joseph Merckx		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 6 Drumhill Cir.		Transaction ID: 13894661	
City State Zip Code Madison WI 53717-1073	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. William Scott Newcomb		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007	
Mailing Address 248 Potomac Rd.		Transaction ID: 13894663	
City State Zip Code Wilmington DE 19803-3121	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Brandywine Podiatry	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Eugene E. Spector		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1291 Crestview Dr.		Transaction ID: 13896880	
City State Zip Code San Carlos CA 94070-4237	Amount of Each Receipt this Period 300.00		
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) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard L. Rauch		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1188 Lost Rd.		Transaction ID: 13899095	
City State Zip Code Martinsburg WV 25403-0898	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Kenneth F. Malkin		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address Caldwell Podiatry Center 376 Bloomfield Ave.		Transaction ID: 13900953	
City State Zip Code Caldwell NJ 07006-4905	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Caldwell Podiatry Center	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) C. Dr. Georgina A. Asante		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1900 10th Ave. #305		Transaction ID: 13900965	
City State Zip Code Columbus GA 31901-3611	Amount of Each Receipt this Period 300.00		
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) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Sandra L. Noll

Mailing Address 1404 Imperial Dr.

City Aliquippa State PA Zip Code 15001-1738

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
03 / 16 / 2007

Transaction ID: 13910084

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gerard J. Kerbleski

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 Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 16 / 2007

Transaction ID: 13910093

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Janet Simon

Mailing Address Podiatry Associates of NM
8300 Carmel N.E. #501

City Albuquerque State NM Zip Code 87122-3125

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 ▼ 561.00

Date of Receipt
03 / 23 / 2007

Transaction ID: 13910149

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Rodney D. Peele

Mailing Address 824 Azalea Drive

City State Zip Code
Rockville MD 20850-2017

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

Name of Employer
American Podiatric Medical Association

Occupation
Associate Director of Health, Policy a

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: 13910154

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Terry P. Smith

Mailing Address 2064 Michigan Ave

City State Zip Code
Salt Lake City UT 84108-1308

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
03 / 23 / 2007

Transaction ID: 13910155

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul M. Greenman

Mailing Address 6000 Almond Ter.

City State Zip Code
Plantation FL 33317-2504

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
03 / 23 / 2007

Transaction ID: 13910157

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

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

Mailing Address 56 Blithewood Dr.

City State Zip Code
Pensacola FL 32514-8193

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
03 / 23 / 2007

Transaction ID: 13910159

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert W. Cushner

Mailing Address 130 Zettwell Rd.

City State Zip Code
Statesboro GA 30461-7093

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
03 / 23 / 2007

Transaction ID: 13910161

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Rick B. Roper

Mailing Address 2820 Palo Alto Dr. N.E.

City State Zip Code
Albuquerque NM 87112-2191

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
03 / 23 / 2007

Transaction ID: 13910172

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Barry H. Block

Mailing Address 104-40 Queens Blvd.

City State Zip Code
Forest Hills NY 11375-3658

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

Name of Employer American Podiatric Medical Writers' As
Occupation Executive Director/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
03 / 23 / 2007

Transaction ID: 13910177

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mickey D. Stapp

Mailing Address 3662 Bay Pt.

City State Zip Code
Martinez GA 30907-9133

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
03 / 19 / 2007

Transaction ID: 13911344

Amount of Each Receipt this Period
250.00

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

Mailing Address 482 Virginia Ave.

City State Zip Code
Paoli PA 19301-1230

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
03 / 19 / 2007

Transaction ID: 13911353

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Eric W. Nelson		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 17466 Almond Rd.		Transaction ID: 13911356
City State Zip Code Castro Valley CA 94546-1262	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas G. Rogers		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address Central UT Foot & Ankle Clinic 150 W. 800 N.		Transaction ID: 13911357
City State Zip Code Provo UT 84601-1624	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Central UT Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Leonard F. Pinto, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 7 Marie Cir.		Transaction ID: 13911380
City State Zip Code Holbrook MA 02343-1462	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Bruce J. McLaughlin		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 49 West Ln.		Transaction ID: 13915156	
City State Zip Code Brightwaters NY 11718-1025	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Marie Delewsky		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 1480 Oak Hollow Dr.		Transaction ID: 13915157	
City State Zip Code Milford MI 48380-4263	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 100.00		

Full Name (Last, First, Middle Initial) C. Dr. Rosario J. LaBarbera		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 321 Union Brick Rd.		Transaction ID: 13915159	
City State Zip Code Blairstown NJ 07825-3411	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Daniel L. Altchuler

Mailing Address P.O. Box 1331

City State Zip Code
Topanga CA 90290-1331

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
MM / DD / YYYY
03 / 26 / 2007

Transaction ID: 13915163

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Edwin S. Hart, III

Mailing Address 2305 Easton Ave.

City State Zip Code
Bethlehem PA 18017-5009

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
MM / DD / YYYY
03 / 26 / 2007

Transaction ID: 13915164

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Sylvia Virbulis

Mailing Address Piedmont Foot & Ankle Care
316 S. Church St.

City State Zip Code
Salisbury NC 28144-4930

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

Name of Employer Piedmont Foot & Ankle Care Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2007

Transaction ID: 13915165

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Roy R. DeFrancis		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 66 Brantwood Rd.		Transaction ID: 13915167
City State Zip Code Snyder NY 14226-4303	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Patrick A. McShane		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 2605 S. Marlan		Transaction ID: 13915168
City State Zip Code Springfield MO 65804-3808	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Stephen C. Wan		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 3221 Blume Dr.		Transaction ID: 13915169
City State Zip Code Rossmoor CA 90720-4812	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Gerald W. Torgesen

Mailing Address 1504 Irene Dr.

City State Zip Code
Boulder City NV 89005-3612

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: 13915171

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Gerald D. Peterson

Mailing Address 6627 Apollo Rd.

City State Zip Code
West Linn OR 97068-2807

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: 13915185

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jerauld D. Ferritto, Jr.

Mailing Address 2396 Club Rd.

City State Zip Code
Upper Arlington OH 43221-4005

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: 13915186

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 71
	(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 Assn., Inc. Podiatry Political Action Committee

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

Mailing Address 134 Hayes St.

City State Zip Code
Garden City NY 11530-1001

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
03 / 26 / 2007

Transaction ID: 13915188

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence A. Santi

Mailing Address 31 Mayflower Ave.

City State Zip Code
Williston Park NY 11596-1517

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
03 / 26 / 2007

Transaction ID: 13915189

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael L. Wodka

Mailing Address 10 Bristol Dr.

City State Zip Code
Middletown NY 10941-5206

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
03 / 26 / 2007

Transaction ID: 13915191

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Theodore Polizos		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address Comprehensive Pod. Med. Services 1734 W. Algonquin Rd.		Transaction ID: 13915192	
City State Zip Code Arlington Heights IL 60005-3405		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Comprehensive Pod. Med. Services		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Bert Altmanshofer		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 550 Forsht Dr.		Transaction ID: 13915195	
City State Zip Code Duncansville PA 16635-9413		Amount of Each Receipt this Period 500.00	
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) C. Dr. Michael R. Bourne		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 8260 21st St. N.		Transaction ID: 13915196	
City State Zip Code Lake Elmo MN 55042-8409		Amount of Each Receipt this Period 750.00	
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 ▼ 750.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Lawrence S. MacTavish		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007
Mailing Address 1506 Grand Valley		Transaction ID: 13915197
City State Zip Code Houston TX 77090-1837	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
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. Michael W. Ward		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007
Mailing Address 1951 S. Grandview		Transaction ID: 13915199
City State Zip Code Dubuque IA 52003-7922	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
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 ▼ 250.00

Full Name (Last, First, Middle Initial) C. Dr. Tommy Wayne Garnett		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007
Mailing Address 70 Huckleberry Ln.		Transaction ID: 13915201
City State Zip Code Wetumpka AL 36092-5908	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gary Cockrell		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 249 Burgandy Hill Rd.		Transaction ID: 13915202
City Nashville	State TN	Zip Code 37211-6834
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jerry D. Brant		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 902 Pheasant Run Ct. S		Transaction ID: 13915204
City Brentwood	State TN	Zip Code 37027-5810
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Vito J. Rizzo		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 24 Brentwood Rd.		Transaction ID: 13915206
City Bay Shore	State NY	Zip Code 11706-8011
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Marc A. Borovoy		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 6827 Minnow Pond Dr.		Transaction ID: 13915207	
City State Zip Code West Bloomfield MI 48322-2664	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Randy K. Kaplan		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address P.O. Box 251627		Transaction ID: 13915208	
City State Zip Code West Bloomfield MI 48325-1627	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Vincent J. Hetherington		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 21948 Shagbark Trl.		Transaction ID: 13915209	
City State Zip Code Strongsville OH 44149-2280	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Mark E. Pinker		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address Pinker & Associates 47 Brookwood Ave.		Transaction ID: 13915210
City Carlisle	State PA	Zip Code 17013-9126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pinker & Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Harry Goldsmith		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 19224 Trentham Ave.		Transaction ID: 13915212
City Cerritos	State CA	Zip Code 90703-7269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Rudolf W. Cisco		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 3739 Timber Walk Dr.		Transaction ID: 13915213
City Gainesville	State GA	Zip Code 30506-3666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 71						
	(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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Scott Altman		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 185 E. 85th St. #23H		Transaction ID: 13915214	
City State Zip Code New York NY 10028-2147	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Richard S. Eisner		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 27 Horton St.		Transaction ID: 13915215	
City State Zip Code Salem MA 01970-2847	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Paul S. Peicott		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 95 Lynn St.		Transaction ID: 13915216	
City State Zip Code Peabody MA 01960-5705	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Podiatric Physician		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Teresa Jean Burtoft		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address Foot Health Center of Merrimack Va 575 Turnpike St. #21		Transaction ID: 13915219
City North Andover State MA Zip Code 01845-5937	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Foot Health Center of Merrimack Valley	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Barry E. Wesselowski		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 2901 Majestic		Transaction ID: 13915221
City Independence State KS Zip Code 67301-1519	Amount of Each Receipt this Period 500.00	
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) C. Dr. Chester A. Nava, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 1130 Gilliland Rd.		Transaction ID: 13915222
City Louisville State KY Zip Code 40245-4034	Amount of Each Receipt this Period 250.00	
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Richard Bloch		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address The Adams Bldg. 600 Baltimore Ave. #301		Transaction ID: 13915223	
City State Zip Code Towson MD 21204-4022	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Adams Bldg. 600 Baltimore Ave. #301	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. Dr. Edward A. Buro		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 1335 Carlls Straight Path		Transaction ID: 13915225	
City State Zip Code Dix Hills NY 11746-5405	Amount of Each Receipt this Period 500.00		
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) C. Dr. Marie Delewsky		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 1480 Oak Hollow Dr.		Transaction ID: 13915226	
City State Zip Code Milford MI 48380-4263	Amount of Each Receipt this Period 200.00		
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) ▶	960.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

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

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 Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2007

Transaction ID: 13915227

Amount of Each Receipt this Period
250.00

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

Mailing Address 5285 Aryshire Dr.

City Dublin State OH Zip Code 43017-8213

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
03 / 26 / 2007

Transaction ID: 13915233

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott Michael Aronson

Mailing Address 16 Scarlet Ct.

City North Easton State MA Zip Code 02356-3625

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
03 / 26 / 2007

Transaction ID: 13915234

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert M. Sage		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 2288 Cobblestone Ln.		Transaction ID: 13915235
City	State	Zip Code
Beloit	WI	53511-6716
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mr. Michael Q. Davis		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 757 Poplar Church Rd.		Transaction ID: 13915236
City	State	Zip Code
Camp Hill	PA	17011-2383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Pennsylvania Podiatric Me- dical Assoc.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Dr. Tracy L. Basso		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 3216 Shelter Love Ave.		Transaction ID: 13915237
City	State	Zip Code
Davis	CA	95616-2628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	775.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William Schlorff

Mailing Address 345 E. Central Ave.

City Jersey Shore State PA Zip Code 17740-6979

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
0 3 / 2 6 / 2 0 0 7

Transaction ID: 13915238

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Amy B. Schunemeyer

Mailing Address 207 Estate Dr.

City New Iberia State LA Zip Code 70563-2303

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 7

Transaction ID: 13915239

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jonathan Bryan Purdy

Mailing Address 207 Estate Dr.

City New Iberia State LA Zip Code 70563-2303

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
0 3 / 2 6 / 2 0 0 7

Transaction ID: 13915240

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Lyman H. Wilson

Mailing Address 2220 E. Fruit St. #214

City State Zip Code
Santa Ana CA 92701-4459

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
03 / 26 / 2007

Transaction ID: 13915241

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Bruce G. Blank

Mailing Address Achilles Foot & Ankle Surgery
92 N. 4th St. #27

City State Zip Code
Martins Ferry OH 43935-1600

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

Name of Employer Occupation
Achilles Foot & Ankle Surgery 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
03 / 26 / 2007

Transaction ID: 13915242

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph A. Sciandra

Mailing Address 100 4 Seasons E.

City State Zip Code
Amherst NY 14226-4276

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
03 / 26 / 2007

Transaction ID: 13915243

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jan David Tepper

Mailing Address 195 E. 24th St.

City Upland State CA Zip Code 91784-1150

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
03 / 26 / 2007

Transaction ID: 13915277

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Teresa K. Burnap

Mailing Address 5114 Deer Ridge Dr.

City Eagle State NE Zip Code 68347-7016

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
03 / 26 / 2007

Transaction ID: 13915281

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jondelle B. Jenkins

Mailing Address J.B. Jenkins & Associates
1706 E. 87th St.

City Chicago State IL Zip Code 60617-2740

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

Name of Employer J.B. Jenkins & Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 26 / 2007

Transaction ID: 13915282

Amount of Each Receipt this Period
1000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Franklin Kase

Mailing Address 2675 Basil Ln.

City State Zip Code
Los Angeles CA 90077-2005

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: 13915283

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Donald R. Blum

Mailing Address 6416 Wickerwood

City State Zip Code
Dallas TX 75248-2901

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: 13915285

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael A. Conway

Mailing Address 892 N. Broadway

City State Zip Code
North Massapequa NY 11758-2352

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2007

Transaction ID: 13923144

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 71		
	<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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Joseph M. Hughes		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 2311 Ocean View Dr.		Transaction ID: 13923496	
City State Zip Code Signal Hill CA 90755-3778	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Loren L. Rogers		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 2717 Sycamore Ave.		Transaction ID: 13923774	
City State Zip Code Missoula MT 59802-3101	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Craig S. Friedman		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 3734 Ashley Way		Transaction ID: 13924077	
City State Zip Code Owings Mills MD 21117-1400	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Edward Patrick Smith, Jr.

Mailing Address 148 Park St.

City State Zip Code
Springfield VT 05156-3034

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
03 / 26 / 2007

Transaction ID: 13924715

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen D. Palmer

Mailing Address Columbia Foot & Ankle Assoc.
6100 Day Long Ln. #102

City State Zip Code
Clarksville MD 21029-1631

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

Name of Employer Columbia Foot & Ankle Ass-oc.
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
03 / 27 / 2007

Transaction ID: 13941302

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Anthony R. Iorio

Mailing Address 238 Wilton Rd.

City State Zip Code
Westport CT 06880-2338

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
03 / 23 / 2007

Transaction ID: 13943562

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Carol A. Callahan

Mailing Address 40 Samp Mortar Dr.

City State Zip Code
Fairfield CT 06824-2462

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
03 / 23 / 2007

Transaction ID: 13943563

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. David C. Schleichert

Mailing Address Central MN Foot & Ankle Clinic
1545 Northway Dr. #130

City State Zip Code
Saint Cloud MN 56303-1252

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: 13943565

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Tritto

Mailing Address 14409 White Tree Pl.

City State Zip Code
North Potomac MD 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
03 / 23 / 2007

Transaction ID: 13943571

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Amol Saxena		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 3814 Magnolia Dr.		Transaction ID: 13943573	
City State Zip Code Palo Alto CA 94306-3231	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Joshua Gerbert		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 16 Fairview		Transaction ID: 13943575	
City State Zip Code Corte Madera CA 94925-1639	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. David J. Freedman		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 2128 Rose Theatre Cir.		Transaction ID: 13943576	
City State Zip Code Olney MD 20832-1677	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Michael Charles Edwards, Jr.

Mailing Address 26 Partridge Cir.

City State Zip Code
Beaufort SC 29907-1234

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
03 / 23 / 2007

Transaction ID: 13943577

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Douglas Smith

Mailing Address 417 Chatsworth Ln.

City State Zip Code
Raleigh NC 27614

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
03 / 23 / 2007

Transaction ID: 13943580

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. William K. Rubin

Mailing Address 28600 Apple Blossom

City State Zip Code
Farmington Hills MI 48331-2403

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 ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: 13943581

Amount of Each Receipt this Period
255.00

SUBTOTAL of Receipts This Page (optional)	▶	755.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 71
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Animesh S. Bhatia		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 117 Lazelle Rd. E. #B		Transaction ID: 13943582	
City Columbus	State OH	Zip Code 43235-8605	Amount of Each Receipt this Period 500.00
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. Jesse Plasencia		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 1906 Springside Dr.		Transaction ID: 13943584	
City Plainfield	State IL	Zip Code 60586-4258	Amount of Each Receipt this Period 250.00
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. John Guadara		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 782 Norman Rd.		Transaction ID: 13943786	
City Ridgefield	State NJ	Zip Code 07657-1320	Amount of Each Receipt this Period 250.00
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Steven Alan Conner

Mailing Address 9102 Babcock Blvd. #109

City State Zip Code
Pittsburgh PA 15237-5819

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 ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 13944198

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Allen K. Raich

Mailing Address 7282 Egerton Ln.

City State Zip Code
Germantown TN 38138-8779

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
03 / 29 / 2007

Transaction ID: 13947424

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kevan R. Kreitman

Mailing Address 30160 Mayfair

City State Zip Code
Farmington Hills MI 48331-2156

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
03 / 29 / 2007

Transaction ID: 13947425

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 71
	<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 Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Mark Andrew Lambert

Mailing Address 3935 Raintree Dr.

City State Zip Code
Pensacola FL 32503-3152

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
03 / 26 / 2007

Transaction ID: 13982952

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Steve Michael Block

Mailing Address 4421 Oakhurst Bend

City State Zip Code
Owensboro KY 42303-4441

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
03 / 27 / 2007

Transaction ID: 13982962

Amount of Each Receipt this Period
250.00

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

Mailing Address 90 Keats Rd.

City State Zip Code
Basking Ridge NJ 07920-2616

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2007

Transaction ID: 13987349

Amount of Each Receipt this Period
250.00

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

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

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

FOR LINE NUMBER: PAGE 49 / 71
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

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

Mailing Address 40 Deerpath Ct.

City State Zip Code
Oldsmar FL 34677-2054

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
03 / 30 / 2007

Transaction ID: 13987389

Amount of Each Receipt this Period
250.00

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

Mailing Address 130 Nadina Way

City State Zip Code
Greenbrae CA 94904-1131

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
03 / 30 / 2007

Transaction ID: 13987391

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. John Steven Steinberg

Mailing Address 1709 Landon Hill Rd.

City State Zip Code
Vienna VA 22182-1853

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

Name of Employer Georgetown University - Limb Center Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2007

Transaction ID: 14023249

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

TOTAL This Period (last page this line number only) ► **49181.01**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 71
	<input 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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. APMA Government Education Fund		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2007	
Mailing Address 9312 Old Georgetown Road		Transaction ID: 13873623	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 1503.08		
FEC ID number of contributing federal political committee. C	Transfer Funds for Federal Operating Expenses		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2969.82		

Full Name (Last, First, Middle Initial) B. APMA Government Education Fund		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007	
Mailing Address 9312 Old Georgetown Road		Transaction ID: 13992564	
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 1328.91		
FEC ID number of contributing federal political committee. C	Transfer Funds for Federal Operating Expenses		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4298.73		

Full Name (Last, First, Middle Initial) C. Citigroup/ Citigroup Global Markets Inc.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007	
Mailing Address 100 Light St., 19th Floor		Transaction ID: 13992634	
City State Zip Code Baltimore MD 21202-1036	Amount of Each Receipt this Period 211.11		
FEC ID number of contributing federal political committee. C	Interest & Dividends Income		
Name of Employer Occupation Citigroup Global Markets, Inc. Investment Firm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 644.40		

SUBTOTAL of Receipts This Page (optional) ▶	3043.10
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 51 / 71	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Citigroup/ Citigroup Global Markets Inc.

Mailing Address 100 Light St., 19th Floor

City	State	Zip Code
Baltimore	MD	21202-1036

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

Name of Employer Citigroup Global Markets, Inc.	Occupation Investment Firm
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	7

Transaction ID: 13992635

Amount of Each Receipt this Period

127.70

Interest & Dividend Income

SUBTOTAL of Receipts This Page (optional)	▶	127.70
TOTAL This Period (last page this line number only)	▶	3170.80

**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)

PAGE 52 / 71

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Bank, N.A.

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 13992563

Date of Disbursement

03 / 31 / 2007

Amount of Each Disbursement this Period

1328.91

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

1328.91

TOTAL This Period (last page this line number only)

1328.91

**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)

PAGE 53 / 71

<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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Pallone For Congress		Transaction ID: 13824199 Date of Disbursement 03 / 05 / 2007	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Frank Pallone, Jr.	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	Contribution made through Baucus Johnson Victory Fund	

Full Name (Last, First, Middle Initial) B. Congressman Joe Barton Committee, The		Transaction ID: 13824184 Date of Disbursement 03 / 05 / 2007	
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 1000.00	
City Ennis State TX Zip Code 75120	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Joe L. Barton	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	Contribution made through Baucus Johnson Victory Fund	

Full Name (Last, First, Middle Initial) C. Friends of Max Baucus		Transaction ID: 13824188 Date of Disbursement 03 / 05 / 2007	
Mailing Address Box 586		Amount of Each Disbursement this Period 1250.00	
City Helena State MT Zip Code 59624	Purpose of Disbursement Contribution made through Baucus Johnson 011 Category/ Type	Candidate Name Senator Max Baucus	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Electio	Contribution made through Baucus Johnson Victory Fund	

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Kennedy for Senate		Transaction ID: 13824194 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 301 4th St., NE - Suite 202		Amount of Each Disbursement this Period 1000.00	
City Washington, State DC Zip Code 20002	Purpose of Disbursement 011 Category/Type		
Candidate Name Edward M. Kennedy		Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 Primary Electio	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 1			

Full Name (Last, First, Middle Initial) B. People For English		Transaction ID: 13824192 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address P.O. Box 1940		Amount of Each Disbursement this Period 1000.00	
City Erie State PA Zip Code 16507	Purpose of Disbursement 011 Category/Type		
Candidate Name Phil English		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21			

Full Name (Last, First, Middle Initial) C. Tim Johnson For South Dakota Inc		Transaction ID: 13990206 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address PO Box 1859		Amount of Each Disbursement this Period 1250.00	
City Sioux Falls State SD Zip Code 57101	Purpose of Disbursement Contribution made through Baucus Johnson 011 Category/Type		
Candidate Name Sen. Tim Johnson		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1	Contribution made through Baucus Johnson Victory Fund		

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Doggett For Us Congress		Transaction ID: 13824187 Date of Disbursement 03 / 05 / 2007	
Mailing Address PO Box 5843		Amount of Each Disbursement this Period 1000.00	
City Austin State TX Zip Code 78763	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Lloyd Doggett	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Maloney For Congress		Transaction ID: 13824198 Date of Disbursement 03 / 05 / 2007	
Mailing Address 49 East 92nd Street		Amount of Each Disbursement this Period 1000.00	
City New York State NY Zip Code 10128	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Carolyn B. Maloney	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) C. Friends Of Senator Rockefeller		Transaction ID: 13824197 Date of Disbursement 03 / 05 / 2007	
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 1000.00	
City Charleston State WV Zip Code 25327	Purpose of Disbursement 011 Category/ Type	Candidate Name Sen. John D. Rockefeller, IV	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Van Hollen For Congress		Transaction ID: 13824189 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 1000.00	
City Kenington State MD Zip Code 20895	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Chris Van Hollen			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Moran For Congress		Transaction ID: 13824196 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address PO Box 2518		Amount of Each Disbursement this Period 2000.00	
City Alexandria State VA Zip Code 22301	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. James P. Moran			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 8	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) C. Schultz Debbie Wasserman		Transaction ID: 13824200 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 4479 Foxglove Ln		Amount of Each Disbursement this Period 1500.00	
City Weston State FL Zip Code 33331	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Debbie Schultz			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. McNulty For Congress Committee		Transaction ID: 13824195 Date of Disbursement 03 / 05 / 2007	
Mailing Address P.O. Box 1560		Amount of Each Disbursement this Period 1000.00	
City Green Island State NY Zip Code 12183	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Michael R. McNulty	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Friends Of Rahm Emanuel		Transaction ID: 13824191 Date of Disbursement 03 / 05 / 2007	
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 1000.00	
City Chicago State IL Zip Code 60610	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Rahm Emanuel	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) C. Friends Of John Barrow		Transaction ID: 13824190 Date of Disbursement 03 / 05 / 2007	
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 1000.00	
City Savannah State GA Zip Code 31412	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. John Barrow	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

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

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

Use separate schedule(s)
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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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Hoosiers for Hill		Transaction ID: 13824193 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address P.O. Box 1071		Amount of Each Disbursement this Period 1000.00	
City Seymour State IN Zip Code 47274	Purpose of Disbursement 011 Category/ Type		
Candidate Name Baron P. Hill			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. DAKPAC		Transaction ID: 13824185 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 7	
Mailing Address 120 Maryland Avenue, NW		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 011 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Whitfield For Congress Committee		Transaction ID: 13860410 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7	
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00	
City Hopkinsville State KY Zip Code 42241	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Edward Whitfield			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Earl Pomeroy For Congress		Transaction ID: 13860405 Date of Disbursement 03 / 13 / 2007	
Mailing Address PO Box 9336		Amount of Each Disbursement this Period 2000.00	
City Fargo State ND Zip Code 58106	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Earl Pomeroy	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Bob Filner for Congress		Transaction ID: 13860378 Date of Disbursement 03 / 13 / 2007	
Mailing Address P.O. Box 127868		Amount of Each Disbursement this Period 1000.00	
City San Diego State CA Zip Code 92112	Purpose of Disbursement 011 Category/ Type	Candidate Name Mr. Bob Filner	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) C. Friends of Lois Capps		Transaction ID: 13860363 Date of Disbursement 03 / 13 / 2007	
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00	
City Santa Barbara State CA Zip Code 93121	Purpose of Disbursement 011 Category/ Type	Candidate Name Lois Capps	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Stephanie Tubbs Jones For Us Congress		Transaction ID: 13860386 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 3729 Silsby Rd		Amount of Each Disbursement this Period 1000.00
City University Heights State OH Zip Code 44118	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Stephanie Tubbs Jones		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Reed Committee '08		Transaction ID: 13860406 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address PO Box 8628		Amount of Each Disbursement this Period 1000.00
City Cranston State RI Zip Code 02920	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Jack Reed		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Kirk For Congress		Transaction ID: 13860389 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00
City Winnetka State IL Zip Code 60093	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Mark Steven Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

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

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

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Grassley Committee		Transaction ID: 13860381 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 2000.00
City Des Moines	State IA	
Zip Code 50304		
Purpose of Disbursement 011 Category/Type		
Candidate Name Sen. Charles E. Grassley		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 General Electio	
State: IA District: 1		

Full Name (Last, First, Middle Initial) B. Engel For Congress		Transaction ID: 13860375 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00
City Bronxville	State NY	
Zip Code 10708		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Eliot L. Engel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
State: NY District: 17		

Full Name (Last, First, Middle Initial) C. Anna Eshoo For Congress		Transaction ID: 13860377 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento	State CA	
Zip Code 95814		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Anna G. Eshoo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
State: CA District: 14		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Berkley For Congress		Transaction ID: 13860354 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7	
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 1000.00	
City Las Vegas State NV Zip Code 89121	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Shelley Berkley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Geoff Davis For Congress		Transaction ID: 13860369 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7	
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00	
City Erlanger State KY Zip Code 41018	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Geoffrey Davis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) C. Christopher Shays For Congress Committee		Transaction ID: 13860408 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7	
Mailing Address Rear Building 98 East Avenue		Amount of Each Disbursement this Period 1000.00	
City Norwalk State CT Zip Code 06851	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Christopher Shays			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

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

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ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Doyle For Congress Committee		Transaction ID: 13860372 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 2227 Hampton Street		Amount of Each Disbursement this Period 1000.00
City Pittsburgh State PA Zip Code 15218	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Michael F. Doyle		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Matheson For Congress		Transaction ID: 13860404 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. James D. Matheson		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Friends Of Jim Clyburn		Transaction ID: 13860365 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address Post Office Box 12567		Amount of Each Disbursement this Period 2500.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. James E. Clyburn		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

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

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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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. LINC PAC		Transaction ID: 13860392 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 301 4th ST NE 2nd Flr		Amount of Each Disbursement this Period 2500.00
City Washinton State DC Zip Code 20002		
Purpose of Disbursement	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Klobuchar For Minnesota 2012		Transaction ID: 13860391 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address PO Box 4146		Amount of Each Disbursement this Period 1000.00
City St Paul State MN Zip Code 55104		
Purpose of Disbursement	011 Category/Type	
Candidate Name Sen. Amy Klobuchar		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 Primary Electio	

Full Name (Last, First, Middle Initial) C. Inslee For Congress		Transaction ID: 13874193 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 1000.00
City Seattle State WA Zip Code 98133		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Jay Inslee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Levin For Congress		Transaction ID: 13874195 Date of Disbursement 03 / 19 / 2007	
Mailing Address P.O. Box 37		Amount of Each Disbursement this Period 1500.00	
City Roseville State MI Zip Code 48066	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Sander M. Levin	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Citizens To Elect Rick Larsen		Transaction ID: 13874194 Date of Disbursement 03 / 19 / 2007	
Mailing Address PO Box 326		Amount of Each Disbursement this Period 1000.00	
City Everett State WA Zip Code 98206	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Rick Larsen	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) C. Friends Of John Boehner		Transaction ID: 13874190 Date of Disbursement 03 / 19 / 2007	
Mailing Address 7908-I Cincinnati Dayton Road		Amount of Each Disbursement this Period 1000.00	
City West Chester State OH Zip Code 45069	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. John A. Boehner	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 8	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Simpson For Congress		Transaction ID: 13874206 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1000.00
City Blackfoot State ID Zip Code 83221	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael K. Simpson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Allen for Congress		Transaction ID: 13874186 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 85 Preble St. PO Box 17766		Amount of Each Disbursement this Period 1500.00
City Portland State ME Zip Code 04112	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Thomas H. Allen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Latham For Congress		Transaction ID: 13874209 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address PO Box 71 PO Box 71		Amount of Each Disbursement this Period 1000.00
City Clarion State IA Zip Code 50525	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Thomas P. Latham		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends Of Mike Ferguson		Transaction ID: 13874208 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 1000.00
City Colonia State NJ Zip Code 07067	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Mike Ferguson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Musgrave For Congress		Transaction ID: 13874207 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 5401 Stone Creek Circle Suite 777		Amount of Each Disbursement this Period 1000.00
City Loveland State CO Zip Code 80538	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Marilyn N. Musgrave		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 4	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Ken Calvert For Congress		Transaction ID: 13874191 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address PO Box 20123		Amount of Each Disbursement this Period 1000.00
City Riverside State CA Zip Code 92516	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Ken Calvert		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Brad Miller For United States Congress		Transaction ID: 13874197 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address P.O. Box 10322		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27605	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Bradley Miller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Salazar For Senate		Transaction ID: 13874202 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address PO Box 600		Amount of Each Disbursement this Period 1000.00	
City Denver State CO Zip Code 80201	Purpose of Disbursement 011 Category/ Type		
Candidate Name Sen. Ken Salazar			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 2	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Electio		

Full Name (Last, First, Middle Initial) C. Loeb sack For Congress		Transaction ID: 13874017 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address PO Box 1457		Amount of Each Disbursement this Period 1000.00	
City Iowa City State IA Zip Code 52244	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Dave Loeb sack			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Ken Calvert For Congress		Transaction ID: 13892397 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address PO Box 20123		Amount of Each Disbursement this Period -1000.00
City Riverside State CA Zip Code 92516	Void - Ken Calvert For Congress	
Purpose of Disbursement Void - Ken Calvert For Congress		011 Category/Type
Candidate Name Rep. Ken Calvert		
State: CA District: 44		

Full Name (Last, First, Middle Initial) B. Earl Pomeroy For Congress		Transaction ID: 13949278 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO Box 9336		Amount of Each Disbursement this Period 2000.00
City Fargo State ND Zip Code 58106	2008 Primary Contribution	
Purpose of Disbursement 2008 Primary Contribution		011 Category/Type
Candidate Name Rep. Earl Pomeroy		
State: ND District: 1		

Full Name (Last, First, Middle Initial) C. Earl Pomeroy For Congress		Transaction ID: 13950960 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO Box 9336		Amount of Each Disbursement this Period -2000.00
City Fargo State ND Zip Code 58106	Void - Earl Pomeroy For Congress	
Purpose of Disbursement Void - Earl Pomeroy For Congress		011 Category/Type
Candidate Name Rep. Earl Pomeroy		
State: ND District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	-1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Radanovich For Congress

Mailing Address 30151 Tomas Street

City Rancho Sta Mrgrita State CA Zip Code 92688

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. George Radanovich

Office Sought: House Senate President
State: CA District: 19
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary Electio

Transaction ID: 13948875

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Maloney For Congress

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Void - Maloney For Congress

011
Category/
Type

Candidate Name
Rep. Carolyn B. Maloney

Office Sought: House Senate President
State: NY District: 14
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary Electio

Transaction ID: 13993024

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Void - Maloney For Congre-
ss

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

57000.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John Steven Steinberg		Transaction ID: 13990433 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 1709 Landon Hill Rd.		Amount of Each Disbursement this Period 500.00
City Vienna State VA Zip Code 22182-1853	Purpose of Disbursement Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mr. Herman Hammerschmidt		Transaction ID: 13893341 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 2 King Arthur Ct. #C		Amount of Each Disbursement this Period 0.00
City North Brunswick State NJ Zip Code 08902-3373	Purpose of Disbursement Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00