

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road
 Check if different than previously reported. (ACC)
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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 12 01 2007 through 12 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. Barney Greenberg, DPM

Signature of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM Date 01 28 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

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	315308.36									
(c) Total Receipts (from Line 19)	26888.14	488246.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	342196.50	738262.01								
7. Total Disbursements (from Line 31)	19527.14	415592.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	322669.36	322669.36								
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 Association Podiatry Political Action Committee

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

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	11532.00	265725.12
(i) Itemized (use Schedule A)	14329.00	207158.50
(ii) Unitemized	25861.00	472883.62
(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)	25861.00	472883.62
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.)	1027.14	15362.58
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))	26888.14	488246.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26888.14	488246.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	1027.14	14569.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1027.14	14569.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	391750.00
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	0.00	1311.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1311.00
29. Other Disbursements.....	0.00	7961.71
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))..	19527.14	415592.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19527.14	415592.65

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)	25861.00	472883.62
34. Total Contribution Refunds (from Line 28(d))	0.00	1311.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25861.00	471572.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1027.14	14569.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1027.14	14569.94

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

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

FOR LINE NUMBER: PAGE 6 / 27

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Mark R. Weiss

Mailing Address Century Park East Foot & Ankle Cen
2080 Century Park E. #605

City State Zip Code
Los Angeles CA 90067-2021

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
1 2 / 0 4 / 2 0 0 7

Transaction ID: 14795436

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Sandra J. Martin

Mailing Address 491 Wyndgate Rd.

City State Zip Code
Sacramento CA 95864

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 ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: 14798372

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert C. Stevens

Mailing Address 1760 Brush College Rd. N.W.

City State Zip Code
Salem OR 97304

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 ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: 14810435

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Glenn J. Shintaku

Mailing Address 5441 Cathy Cir.

City State Zip Code
Cypress CA 90630-4518

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 ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
12 / 06 / 2007

Transaction ID: 14810437

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. David Benjamin Kaplansky

Mailing Address Kaplansky Foot & Ankle Centers
1275 Olentangy River Rd. #120

City State Zip Code
Columbus OH 43212

FEC ID number of contributing federal political committee. C

Name of Employer Kaplansky Foot & Ankle Centers Occupation
Kaplansky Foot & Ankle Ce- Podiatric Physician
nters

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
12 / 07 / 2007

Transaction ID: 14810439

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Dennis M. Weber

Mailing Address 15 Lily Pond Ct.

City State Zip Code
Rockville MD 20852

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
12 / 07 / 2007

Transaction ID: 14810444

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. J. Gregory Stilwell

Mailing Address 46 Danielle Cir.

City Durango State CO Zip Code 81301-7229

FEC ID number of contributing federal political committee. C

Name of Employer Stilwell Foot & Ankle Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
12 / 10 / 2007

Transaction ID: 14810654

Amount of Each Receipt this Period 100.00

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

Mailing Address 551 Beechwood Dr.

City London State KY Zip Code 40741

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
12 / 12 / 2007

Transaction ID: 14820585

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Randy K. Kaplan

Mailing Address 6578 Post Oak Dr.

City West Bloomfield State MI Zip Code 48322-3830

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 10 / 2007

Transaction ID: 14820586

Amount of Each Receipt this Period 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert S. Levine

Mailing Address Florida Biomechanics Group
7730 Starkey Rd.

City State Zip Code
Largo FL 33777-4307

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

Name of Employer Occupation
Florida Biomechanics Group 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
1 2 / 1 0 / 2 0 0 7

Transaction ID: 14820587

Amount of Each Receipt this Period
250.00

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

Mailing Address Fairfield County Foot Surgeons
4 Colony St.

City State Zip Code
Norwalk CT 06851-5803

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

Name of Employer Occupation
Fairfield County Foot Surgeons 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
1 2 / 1 0 / 2 0 0 7

Transaction ID: 14820588

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Dean Martone

Mailing Address Family Foot Care Center
11 Central Ave.

City State Zip Code
East Hartford CT 06108

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

Name of Employer Occupation
Family Foot Care Center 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
1 2 / 1 2 / 2 0 0 7

Transaction ID: 14820589

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Deborah A. DeRose

Mailing Address 880 Old Post Rd.

City State Zip Code
Fairfield CT 06430-8403

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 ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 7

Transaction ID: 14820630

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Rylan J. Johnson

Mailing Address 1345 Davenport St.

City State Zip Code
Sturgis SD 57785

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
1 2 / 1 0 / 2 0 0 7

Transaction ID: 14820781

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Patricia Eileen Cain

Mailing Address 1414 S.E. Oak St.

City State Zip Code
Portland OR 97045

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

Name of Employer Oregon City Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: 14820828

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **575.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 27
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Bradford J. Unroe

Mailing Address 2816 Riedling Dr.

City State Zip Code
Louisville KY 40206-1413

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

Name of Employer Occupation
Drs. Tipton & Unroe Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2007

Transaction ID: 14821443

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Martin E. Karns

Mailing Address 6496 San Michel Way

City State Zip Code
Delray Beach FL 33484

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2007

Transaction ID: 14821458

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard C. Wilson

Mailing Address 3740 Turtle mound Rd.

City State Zip Code
Melbourne FL 32934-8448

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

Name of Employer Occupation
Melbourne Podiatry Associates Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2007

Transaction ID: 14821460

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Michael K. Block	Date of Receipt MM / DD / YYYY 12 / 19 / 2007
	Mailing Address 335 Chestnut Hill Rd. #A	Transaction ID: 14832925
	City State Zip Code Forest Hill MD 21050-1507	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	

B.	Full Name (Last, First, Middle Initial) Dr. Stephen E. Latter	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 14915 Quail Pointe Ln.	Transaction ID: 14835517
	City State Zip Code Grass Valley CA 95945	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	

C.	Full Name (Last, First, Middle Initial) Dr. Angie Lynn Glynn	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 892 Cypress South Dr.	Transaction ID: 14835518
	City State Zip Code Greenwood IN 46143-3029	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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 27
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert O. McCabe

Mailing Address 124 Saratoga Rd.

City State Zip Code
Scotia NY 12302-3412

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: 12 / 13 / 2007
Transaction ID: 14835519
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Philip S. Newman

Mailing Address 9 Turtle Ct.

City State Zip Code
Flemington NJ 08822

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: 12 / 17 / 2007
Transaction ID: 14835531
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Norman Endo

Mailing Address Kaiser Permanente Medical Center
4760 Sunset Blvd.

City State Zip Code
Los Angeles CA 90027

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

Name of Employer Kaiser Permanente Medical Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 17 / 2007
Transaction ID: 14835532
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 27
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas F. Vail

Mailing Address 7365 Red Hawk Dr.

City Findlay State OH Zip Code 45840

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 ▼ 675.00

Date of Receipt 12 / 17 / 2007

Transaction ID: 14835534

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edward Fryman

Mailing Address 34 Colgate Dr.

City Plainview State NY Zip Code 11803-1804

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

Name of Employer Seaford Foot Care Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 17 / 2007

Transaction ID: 14835536

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael H. Golf

Mailing Address 2810 Bowman Ave.

City Austin State TX Zip Code 78703-1609

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 12 / 18 / 2007

Transaction ID: 14835539

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 27

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Podiatry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John M. Galant

Mailing Address 69 Newcomb Rd.

City State Zip Code
Tenafly NJ 07670

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 232.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: 14835543

Amount of Each Receipt this Period

132.00

B.

Full Name (Last, First, Middle Initial)

Dr. Ronald J. Clemente

Mailing Address N2297 W. Main Rd.

City State Zip Code
Lake Geneva WI 53147

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

Name of Employer Occupation
Clemente Foot Clinic Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: 14835545

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey R. DeSantis

Mailing Address 2611 Circle Dr.

City State Zip Code
Newport Beach CA 92663

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: 14835622

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 27
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Michael K. Y. Chun		Date of Receipt MM / DD / YYYY 12 / 21 / 2007
Mailing Address Kapiolani Med. Ctr. At Pali Momi 98-1079 Moanalua Rd. #400		Transaction ID: 14835640
City Aiea	State HI	
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	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Larry A. Bell		Date of Receipt MM / DD / YYYY 12 / 21 / 2007
Mailing Address 223 Settlers Bend		Transaction ID: 14835642
City Lancaster	State PA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lancaster General Health Campus	Occupation Podiatric Physician	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Tracy C. Ferragamo		Date of Receipt MM / DD / YYYY 12 / 24 / 2007
Mailing Address 44286 Greenview Dr.		Transaction ID: 14852148
City El Macero	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatric Physician	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 17 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. David M. Moss

Mailing Address 4740 Bonnie Ct.

City State Zip Code
West Bloomfield MI 48322-4467

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Transaction ID: 14852158

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard E. Ehle

Mailing Address 61 Black Walnut Ln.

City State Zip Code
Burlington CT 06013

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

Name of Employer CT Foot Care Centers Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 14855957

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Dr. Jerome A. Tirsch

Mailing Address 11035 Cozycroft Ave.

City State Zip Code
Chatsworth CA 91311

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
1 2 / 3 1 / 2 0 0 7

Transaction ID: 14855960

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Edward R. Nieuwenhuis, Sr.
Mailing Address 62 Peach Tree Court
City State Zip Code
HAWTHORNE NJ 07506-3320
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 12 / 31 / 2007
Transaction ID: 14855961
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Harvey Michael Lisch
Mailing Address 9204 Cedar Crest Dr.
City State Zip Code
Austin TX 78750
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 12 / 31 / 2007
Transaction ID: 14865165
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Dr. Marc D. Lenet
Mailing Address 1 Shaded Glen Ct.
City State Zip Code
Owings Mills MD 21117-3048
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 12 / 31 / 2007
Transaction ID: 14865169
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 27
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Emanuel Haber

Mailing Address 25 Elizabeth Ter.

City State Zip Code
Upper Saddle River NJ 07458-2403

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

Name of Employer: The Foot & Ankle Centre of NJ
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 14865199
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1415 Forest St.

City State Zip Code
Union City TN 38261-1909

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: 12 / 31 / 2007
Transaction ID: 14865212
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Ronald S. Markizon

Mailing Address 2443 Mandism Ave.

City State Zip Code
Vineland NJ 08360

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 ▼ 1100.00

Date of Receipt: 12 / 31 / 2007
Transaction ID: 14868185
Amount of Each Receipt this Period: 1100.00

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 27	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas A. Zoldowski

Mailing Address 7655 Coventry Dr.

City Temperance	State MI	Zip Code 48182-9233
--------------------	-------------	------------------------

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
1	2	/	3	1	/	2	0	0	7

Transaction ID: 14927588

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	11532.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 27	
	(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 Association Podiatry Political Action Committee

A.	Full Name (Last, First, Middle Initial) APMA Government Education Fund		Date of Receipt
	Mailing Address 9312 Old Georgetown Road		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Bethesda	MD	20814
	FEC ID number of contributing federal political committee.		Transaction ID: 14820541
	C		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="1027.14"/>
Receipt For:		Aggregate Year-to-Date ▼	Transfer Funds for Federal Operating Expenses
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="12567.77"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1027.14"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1027.14"/>

**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 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 Association Podiatry Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank, N.A.

Transaction ID: 14820547

Date of Disbursement

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

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Amount of Each Disbursement this Period

1027.14

Purpose of Disbursement
Bank Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Bank Fees

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1027.14

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

1027.14

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign	Transaction ID: 14766628 Date of Disbursement 12 / 02 / 2007
	Mailing Address PO Box 3662	Amount of Each Disbursement this Period 1000.00
	City Seattle State WA Zip Code 98124	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Patty Murray	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2010 Primary Electio

B.	Full Name (Last, First, Middle Initial) Pascrell for Congress	Transaction ID: 14766626 Date of Disbursement 12 / 02 / 2007
	Mailing Address 63 Quartz lane	Amount of Each Disbursement this Period 1000.00
	City Paterson State NJ Zip Code 07501	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Bill Pascrell, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary Electio

C.	Full Name (Last, First, Middle Initial) Davis for Congress	Transaction ID: 14766624 Date of Disbursement 12 / 02 / 2007
	Mailing Address 5630 W. Division St.	Amount of Each Disbursement this Period 1000.00
	City Chicago State IL Zip Code 60651	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Danny K. Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input 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)

PAGE 24 / 27

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

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

A.	Full Name (Last, First, Middle Initial) Citizens For Tom Petri	Transaction ID: 14766623 Date of Disbursement 12 / 02 / 2007
	Mailing Address P.O. Box 270	Amount of Each Disbursement this Period 1000.00
	City Fond Du Lac State WI Zip Code 54936	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Thomas E. Petri	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary Electio

B.	Full Name (Last, First, Middle Initial) Lot Of People For Dave Obey	Transaction ID: 14766625 Date of Disbursement 12 / 02 / 2007
	Mailing Address 525 Washington St PO Box 1322	Amount of Each Disbursement this Period 1000.00
	City Wausau State WI Zip Code 54402	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David R. Obey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary Electio

C.	Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz	Transaction ID: 14766627 Date of Disbursement 12 / 02 / 2007
	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input 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)

PAGE 25 / 27

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

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

A.	Full Name (Last, First, Middle Initial) Committee For A Democratic Majority	Transaction ID: 14766620 Date of Disbursement 12 / 02 / 2007
	Mailing Address 301 4th St. NE Suite 202	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Transaction ID: 14766619 Date of Disbursement 12 / 02 / 2007
	Mailing Address PO Box 65056	Amount of Each Disbursement this Period 1000.00
	City Baltimore State MD Zip Code 21209	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Benjamin Cardin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: MD District: <input type="checkbox"/> Other (specify) ▼ 2012 Primary Electio	

C.	Full Name (Last, First, Middle Initial) Susan Davis For Congress	Transaction ID: 14766622 Date of Disbursement 12 / 02 / 2007
	Mailing Address 144 West D St	Amount of Each Disbursement this Period 1000.00
	City Encinitas State CA Zip Code 92024	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Susan Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CA District: 53 <input 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 Association Podiatry Political Action Committee

A.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 14766617 Date of Disbursement 12 / 02 / 2007
	Mailing Address PO Box 1776	Amount of Each Disbursement this Period 1000.00
	City Freedom State PA Zip Code 15042	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Jason Altmire	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary Electio

B.	Full Name (Last, First, Middle Initial) Kagen 4 Congress	Transaction ID: 14766618 Date of Disbursement 12 / 02 / 2007
	Mailing Address 100 W. College Ave., 50-D	Amount of Each Disbursement this Period 1000.00
	City Appleton State WI Zip Code 54911	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Steve Kagen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary Electio

C.	Full Name (Last, First, Middle Initial) Courtney For Congress	Transaction ID: 14766621 Date of Disbursement 12 / 02 / 2007
	Mailing Address 38 Risley Road	Amount of Each Disbursement this Period 1000.00
	City Vernon State CT Zip Code 06066	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Joseph Courtney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input 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 Association Podiatry Political Action Committee

A.	Full Name (Last, First, Middle Initial) Zack Space For Congress Committee	Transaction ID: 14766629 Date of Disbursement 12 / 02 / 2007
	Mailing Address 714 N Wooster Avenue	Amount of Each Disbursement this Period 1000.00
	City Dover State OH Zip Code 44622	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Zachary Space	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary Electio

B.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: 14766630 Date of Disbursement 12 / 02 / 2007
	Mailing Address 175 S. West Temple, Ste 650	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84101	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Markey Committee, The	Transaction ID: 14824269 Date of Disbursement 12 / 17 / 2007
	Mailing Address P.O. Box 526	Amount of Each Disbursement this Period 1000.00
	City Medford State MA Zip Code 02155	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Edward J. Markey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2008 Primary Electio

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	18500.00