

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 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 07 01 2008 through 07 31 2008

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 08 15 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 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		322669.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	385913.14									
(c) Total Receipts (from Line 19)	8735.90	327346.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	394649.04	650015.45								
7. Total Disbursements (from Line 31)	23250.00	278616.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	371399.04	371399.04								
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 Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	3335.90	201917.12
(i) Itemized (use Schedule A)	5250.00	121013.15
(ii) Unitemized	8585.90	322930.27
(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)	8585.90	322930.27
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)	150.00	150.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4265.82
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))	8735.90	327346.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8735.90	327346.09

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.....	0.00	2670.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	2670.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23250.00	275250.00
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	651.00
(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	651.00
29. Other Disbursements.....	0.00	45.00
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))..	23250.00	278616.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23250.00	278616.41

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	8585.90	322930.27
34. Total Contribution Refunds (from Line 28(d))	0.00	651.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8585.90	322279.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2670.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	150.00	150.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-150.00	2520.41

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

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

FOR LINE NUMBER: PAGE 6 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Kash K. Siepert

Mailing Address 2300 Stewart Pkwy.

City State Zip Code
Roseburg OR 97470-1597

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2008

Transaction ID: 15621938

Amount of Each Receipt this Period
125.00

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

Mailing Address 12409 N. Copper Queen Way

City State Zip Code
Tucson AZ 85755-8934

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2008

Transaction ID: 15625932

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Alex Gorenshtein

Mailing Address 17291 Quail Creek Cir.

City State Zip Code
Hamilton VA 20158-3106

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

Name of Employer Foot & Ankle Center Occupation
Foot & Ankle Center Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2008

Transaction ID: 15628515

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Martha A. Jackson</p> <p>Mailing Address 1305 N. Pointe Ln.</p> <p>City State Zip Code North Little Rock AR 72118-2367</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Crestwood Foot Clinic Occupation: Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 07 / 2008</p> <p>Transaction ID: 15689741</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Odin De Los Reyes</p> <p>Mailing Address 22 Wedge Dr.</p> <p>City State Zip Code Meriden CT 06450-6966</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Self Employed Occupation: Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 07 / 07 / 2008</p> <p>Transaction ID: 15689743</p> <p>Amount of Each Receipt this Period 300.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Robert W. Herpen</p> <p>Mailing Address 737 Hemlock Rd.</p> <p>City State Zip Code Media PA 19063-1709</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Herpen Associates Occupation: Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 113.50</p>	<p>Date of Receipt 07 / 07 / 2008</p> <p>Transaction ID: 15689745</p> <p>Amount of Each Receipt this Period 113.50</p>
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SUBTOTAL of Receipts This Page (optional)	713.50
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 8 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert W. Herpen

Mailing Address 737 Hemlock Rd.

City State Zip Code
Media PA 19063-1709

FEC ID number of contributing federal political committee. C

Name of Employer: Herpen Associates Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.90

Date of Receipt 07 / 07 / 2008
Transaction ID: 15689746

Amount of Each Receipt this Period 97.40

B. Full Name (Last, First, Middle Initial)
Dr. Chris A. Klimowich

Mailing Address 12630 Panasoffkee Dr.

City State Zip Code
North Fort Myers FL 33903-4748

FEC ID number of contributing federal political committee. C

Name of Employer: The Foot & Ankle Group Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2008
Transaction ID: 15694191

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Ronald P. Marmolejo

Mailing Address 23262 Zachary Ct.

City State Zip Code
Porterville CA 93257-6240

FEC ID number of contributing federal political committee. C

Name of Employer: Porterville Podiatry Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2008
Transaction ID: 15694193

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 597.40

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 / 19

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Dharmesh Pravin Bhakta

Mailing Address 5 Whispering Bend Ct.

City State Zip Code
Mansfield TX 76063-6757

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Accent Podiatry Associates Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
07 / 15 / 2008

Transaction ID: 15708661

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert M. Gerber

Mailing Address 800 Austin St. W. Tower #508

City State Zip Code
Evanston IL 60202-3445

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 ▼ 500.00

Date of Receipt MM / DD / YYYY
07 / 17 / 2008

Transaction ID: 15708696

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Hay

Mailing Address 680 Harrison St.

City State Zip Code
Emmaus PA 18049-2229

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
07 / 17 / 2008

Transaction ID: 15709436

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Dr. John A. DelMonte		Date of Receipt
Mailing Address 409 Poppy Hill Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 22 / 2008
City	State	Zip Code
Healdsburg	CA	95448-3006
FEC ID number of contributing federal political committee.		Transaction ID: 15733186
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 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 ▼	
	<input type="text"/> 400.00	

B.

Full Name (Last, First, Middle Initial) Dr. Chris C. Panagoulis		Date of Receipt
Mailing Address 30 Bates Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 22 / 2008
City	State	Zip Code
Nashua	NH	03064-1701
FEC ID number of contributing federal political committee.		Transaction ID: 15733187
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 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 ▼	
	<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 3335.90

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 19	
	(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"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Brenna Leigh Steinberg		Date of Receipt
	Mailing Address 21511 Sun Garden Ct.		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Germantown	MD	20876-6941
	FEC ID number of contributing federal political committee.		<input type="text" value="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 ▼ <input type="text" value="300.00"/>	Transaction ID: 15709675
			Amount of Each Receipt this Period <input type="text" value="150.00"/>
			Declined Credit Card

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="150.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Brett Guthrie for Congress</p> <p>Mailing Address PO Box 9639</p> <p>City Bowling Green State KY Zip Code 42102</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Brett Guthrie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02</p> <p>Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15685458</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address 2501 Wisconsin Avenue Ste. 304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15685459</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15685461</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Stupak For Congress</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Bart Stupak</p> <p>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 <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 01</p>	<p>Transaction ID: 15685462 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Reyes Congressional Committee</p> <p>Mailing Address 303 Texas</p> <p>City El Paso State TX Zip Code 79901</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Silvestre Reyes</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 16</p>	<p>Transaction ID: 15685463 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Re-Elect Congressman Dana Rohrabacher</p> <p>Mailing Address PO Box 823</p> <p>City Huntington Beach State CA Zip Code 92648</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Dana Rohrabacher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 46</p>	<p>Transaction ID: 15685464 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Leahy For U.S. Senate Committee</p> <p>Mailing Address PO Box 1042</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Patrick Leahy</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District:</p>	<p>Transaction ID: 15685465 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	9	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	0	9	/	2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Lobiondo For Congress</p> <p>Mailing Address PO Box 775</p> <p>City Marmora State NJ Zip Code 08223</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Frank A. LoBiondo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 02</p>	<p>Transaction ID: 15685466 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>750.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	9	/	2	0	0	8	750.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	0	9	/	2	0	0	8													
750.00																						
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Gary Ackerman</p> <p>Mailing Address 100 Jericho Quadrangle Suite 233</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Gary L. Ackerman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 05</p>	<p>Transaction ID: 15685467 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	9	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	0	9	/	2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td>2750.00</td></tr></table>	2750.00
2750.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	Transaction ID: 15685468 Date of Disbursement 07 / 09 / 2008
	Mailing Address P.O. Box 2008	Amount of Each Disbursement this Period 1000.00
	City Murfreesboro State TN Zip Code 37133	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Bart Gordon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Transaction ID: 15685470 Date of Disbursement 07 / 09 / 2008
	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 State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wicker for Senate	Transaction ID: 15688858 Date of Disbursement 07 / 09 / 2008
	Mailing Address 104 Hume Avenue	Amount of Each Disbursement this Period 500.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Roger Wicker	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) David Davis Victory Fund Mailing Address 2016 Northwood Drive City Johnson City State TN Zip Code 37601 Purpose of Disbursement 011 Candidate Name Rep. David 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 <input type="checkbox"/> Other (specify) ▼ State: TN District: 01	Transaction ID: 15718153 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends Of Maurice Hinchey Mailing Address PO Box 4497 City Kingston State NY Zip Code 12402 Purpose of Disbursement 011 Candidate Name Rep. Maurice D. Hinchey 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 <input type="checkbox"/> Other (specify) ▼ State: NY District: 22	Transaction ID: 15718159 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Betty Sutton For Congress Mailing Address 1700 W. Market St. #155 City Akron State OH Zip Code 44313 Purpose of Disbursement 011 Candidate Name Rep. Betty Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 13	Transaction ID: 15718184 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address 2525 N Baker Dr</p> <p>City Canby State OR Zip Code 97013</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15718185 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Susan Davis For Congress</p> <p>Mailing Address 144 West D St</p> <p>City Encinitas State CA Zip Code 92024</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Susan Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53</p> <p>Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15718186 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Pascrell for Congress</p> <p>Mailing Address 63 Quartz lane</p> <p>City Paterson State NJ Zip Code 07501</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Bill Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15718187 Date of Disbursement 07 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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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FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) David Wu for Congress	Transaction ID: 15718188 Date of Disbursement
	Mailing Address 818 SW 3RD ST #1182	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Portland State OR Zip Code 97205	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name David Wu	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Doggett For Us Congress	Transaction ID: 15718189 Date of Disbursement
	Mailing Address PO Box 5843	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Austin State TX Zip Code 78763	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Lloyd Doggett	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nita Lowey For Congress	Transaction ID: 15718190 Date of Disbursement
	Mailing Address PO Box 271	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City White Plains State NY Zip Code 10605	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Nita M. Lowey	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 19 / 19

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

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

A.

Full Name (Last, First, Middle Initial)
Feingold Senate Committee

Transaction ID: 15718191

Date of Disbursement

Mailing Address PO Box 620062

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	8

City Middleton State WI Zip Code 53562

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Russell D. Feingold

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District:

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

23250.00
