

**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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

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	297264.50									
(c) Total Receipts (from Line 19)	35982.92	439630.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	333247.42	689646.66								
7. Total Disbursements (from Line 31)	24186.92	380586.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	309060.50	309060.50								
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	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	0

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	15950.00	244643.12
(i) Itemized (use Schedule A)	19446.00	182124.50
(ii) Unitemized	35396.00	426767.62
(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)	35396.00	426767.62
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.)	586.92	12863.23
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))	35982.92	439630.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35982.92	439630.85

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.....	586.92	12563.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	586.92	12563.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	358750.00
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	100.00	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))	100.00	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))..	24186.92	380586.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	24186.92	380586.16

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)	35396.00	426767.62
34. Total Contribution Refunds (from Line 28(d))	100.00	1311.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35296.00	425456.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	586.92	12563.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	586.92	12563.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dr. John C. Griffin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 915 Hillcrest Dr.		Transaction ID: 14611238	
City State Zip Code Longview TX 75601-4646	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. William Friedman		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 31 E. San Miguel Ave.		Transaction ID: 14611243	
City State Zip Code Phoenix AZ 85012-1336	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth L. Hobbs		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7	
Mailing Address 714 Fairlawn Rd.		Transaction ID: 14611246	
City State Zip Code Topeka KS 66606-2337	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas D. Stelnicki		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address Summit Bldg. 7509 State Rd. 52 #130		Transaction ID: 14611249
City Hudson State FL Zip Code 34667-6787	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Summit Bldg. Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clinton R. Lowery		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
Mailing Address 161 Darlene Dr.		Transaction ID: 14611280
City Coraopolis State PA Zip Code 15108-9354	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	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas J. Merrill		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 7
Mailing Address Barry Univ. Grad. Med. Science 11300 N.E. 2nd Ave.		Transaction ID: 14611299
City Miami Shores State FL Zip Code 33161-6628	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Barry Univ. Grad. Med. Science 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) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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. Joseph John Menn

Mailing Address 315 14th Ave. N.

City State Zip Code
Surfside Beach SC 29575-4215

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 0 / 0 4 / 2 0 0 7

Transaction ID: 14618005

Amount of Each Receipt this Period
250.00

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

Mailing Address 7486 E. Woodsage Ln.

City State Zip Code
Scottsdale AZ 85258-2019

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 0 / 0 8 / 2 0 0 7

Transaction ID: 14622543

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Amy K. Balettie

Mailing Address 831 Regents Park

City State Zip Code
Monroe MI 48161-9760

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 0 / 0 8 / 2 0 0 7

Transaction ID: 14623002

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<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. Edward S. Glaser

Mailing Address 2305 Fairview Blvd. W.

City State Zip Code
Fairview TN 37062-9007

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 Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14623003

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Jodie Noll Sengstock

Mailing Address 49450 Hudson Dr.

City State Zip Code
Canton MI 48188-1979

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 Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14623019

Amount of Each Receipt this Period
150.00

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

Mailing Address 30160 Mayfair Dr.

City State Zip Code
Farmington Hills MI 48331-2156

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14623022

Amount of Each Receipt this Period
200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<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. Scott E. Hughes

Mailing Address 1060 N. Monroe St.

City State Zip Code
Monroe MI 48162-3113

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14623027

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Bradley W. Bakotic

Mailing Address Dermaphath Diagnostics
895 S.W. 30th Ave. #101

City State Zip Code
Pompano Beach FL 33069-4887

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

Name of Employer Dermaphath Diagnostics
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: 14623029

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Gary S. Kaplan

Mailing Address 5824 Dunmore Dr.

City State Zip Code
West Bloomfield MI 48322-1614

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 0 / 0 8 / 2 0 0 7

Transaction ID: 14623034

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<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

Full Name (Last, First, Middle Initial) A. Dr. Howard M. Sokoloff		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address 5601 Norris Canyon Rd. #240		Transaction ID: 14623036	
City State Zip Code San Ramon CA 94583-5407	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		

Full Name (Last, First, Middle Initial) B. Dr. Norman S. Regal		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address The Triad Foot Center 2706 St. Jude St.		Transaction ID: 14623038	
City State Zip Code Greensboro NC 27405-3670	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Triad Foot Center	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert M. Oropall		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address 7 Elskip Ln.		Transaction ID: 14623039	
City State Zip Code Greenwich CT 06831-3665	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<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

Full Name (Last, First, Middle Initial) A. Dr. Lawrence S. MacTavish		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address 1506 Grand Valley		Transaction ID: 14623040	
City State Zip Code Houston TX 77090-1837	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. Dr. Richard L. Hecker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address 11283 Lakeview Pl.		Transaction ID: 14623042	
City State Zip Code Mequon WI 53092-3501	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Blake Odell Zobell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address 855 N. 225 W.		Transaction ID: 14623045	
City State Zip Code Richfield UT 84701-1775	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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

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

Full Name (Last, First, Middle Initial) A. Mr. Guy Carroll		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 7	
Mailing Address 820 Ludwig Avenue		Transaction ID: 14623046	
City Bronx	State NY	Zip Code 10462-2106	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael Molay		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 7	
Mailing Address 1345 Sunburst Ln.		Transaction ID: 14626371	
City Northbrook	State IL	Zip Code 60062-4260	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Alex Gorenshtein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7	
Mailing Address 17291 Quail Creek Circl		Transaction ID: 14626975	
City Hamilton	State VA	Zip Code 20158-3106	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Podiatric Physician Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 31
	<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. Alex Gorenshstein

Mailing Address 17291 Quail Creek Circl

City State Zip Code
Hamilton VA 20158-3106

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 Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: 14627885

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary Bruce Briskin

Mailing Address 99 Village Cir.

City State Zip Code
Manhattan Beach CA 90266-7220

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 Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14634806

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark S. Isenberg

Mailing Address 450 Hickorynut Ave.

City State Zip Code
Oldsmar FL 34677-2017

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 Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 14634909

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<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. Harry Brian Burke

Mailing Address 129 Pinehurst Dr.

City State Zip Code
Freedom PA 15042-2523

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 0 / 1 0 / 2 0 0 7

Transaction ID: 14652904

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Jonathan Cutler

Mailing Address South Florida Foot & Ankle Centers
11412 Okeechobee Blvd. #A

City State Zip Code
Royal Palm Beach FL 33411-8715

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

Name of Employer South Florida Foot & Ankle Centers
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
1 0 / 1 0 / 2 0 0 7

Transaction ID: 14652905

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey S. Kahn

Mailing Address 63 Murphy Dr.

City State Zip Code
Rocky Hill CT 06067-1865

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 0 / 1 1 / 2 0 0 7

Transaction ID: 14652911

Amount of Each Receipt this Period
300.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrie C. Leibovitz		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 7
Mailing Address 6630 Grosvenor Pl.		Transaction ID: 14653104
City State Zip Code Indianapolis IN 46220-4133	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed 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	

Full Name (Last, First, Middle Initial) B. Dr. James G. Strickland		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 7
Mailing Address 439 Bay View Dr. N.E.		Transaction ID: 14653812
City State Zip Code Saint Petersburg FL 33704-2404	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed 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	

Full Name (Last, First, Middle Initial) C. Dr. Alan L. Balkansky		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address 9210 Sunny Ridge Ln.		Transaction ID: 14653817
City State Zip Code Cedarburg WI 53012-8948	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed 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) ▶	500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 31
	<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. Robert I. Shor

Mailing Address 10999 N.W. 13th Ct.

City State Zip Code
Coral Springs FL 33071-8200

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) ▼ 500.00

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

Transaction ID: 14653821

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Steven E. Damon

Mailing Address 399 N. Main St.

City State Zip Code
Suffield CT 06078-1839

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 7

Transaction ID: 14653913

Amount of Each Receipt this Period
50.00

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

Mailing Address 11304 Odell Farms Ct.

City State Zip Code
Beltsville MD 20705-4106

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: 14667922

Amount of Each Receipt this Period
100.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<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

Full Name (Last, First, Middle Initial) A. Dr. David C. Cavallaro		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 12008 Remington Rd.		Transaction ID: 14668571
City State Zip Code Oklahoma City OK 73170-4854	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven P. Brancheau		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 1871 Hwy. 69 S.		Transaction ID: 14668574
City State Zip Code Greenville TX 75402-9029	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Dan Dae Park		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 816 Gaslight Dr.		Transaction ID: 14668575
City State Zip Code Springfield MO 65810-3326	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31
	<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

Full Name (Last, First, Middle Initial) A. Dr. Michael E. Eglow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 40 Greenwood Dr.		Transaction ID: 14668581	
City Millburn	State NJ	Zip Code 07041-1448	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Gary S. McCoy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7	
Mailing Address 11634 Hamrick Pl.		Transaction ID: 14668582	
City Jacksonville	State FL	Zip Code 32223-0708	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		

Full Name (Last, First, Middle Initial) C. Dr. James C. Ricketti		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 7	
Mailing Address 11 Red Cedar Dr.		Transaction ID: 14670104	
City Hamilton Square	State NJ	Zip Code 08690-2223	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 ▼ 400.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 31
	<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. Todd R. Hovermale

Mailing Address 1849 Allen Ln.

City Anderson State IN Zip Code 46012-1903

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 0 / 2 2 / 2 0 0 7

Transaction ID: 14670124

Amount of Each Receipt this Period
300.00

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

Mailing Address 361 Granville Rd.

City North Granby State CT Zip Code 06060-1008

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 0 / 2 9 / 2 0 0 7

Transaction ID: 14671605

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jason Wilks

Mailing Address 2260 N.W. Cabrillo

City Roseburg State OR Zip Code 97470-6040

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 0 / 3 1 / 2 0 0 7

Transaction ID: 14675496

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 31
	<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

Full Name (Last, First, Middle Initial) A. Dr. Patricia Eileen Cain		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 1414 S.E. Oak St.		Transaction ID: 14675498	
City Portland	State OR	Zip Code 97214-1430	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Lawrence Hodor		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 4852 Corsica Dr.		Transaction ID: 14675499	
City Cypress	State CA	Zip Code 90630-3576	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		

Full Name (Last, First, Middle Initial) C. Dr. Mark L. Yeske		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 3436 N.E. Riverside School St.		Transaction ID: 14675501	
City Pendleton	State OR	Zip Code 97801-3463	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31
	<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

Full Name (Last, First, Middle Initial) A. Dr. Sherry Lynn Bowers		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 321 Cherry Tree Ln.		Transaction ID: 14676048	
City State Zip Code Cedar Hill TX 75104-2984	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Jennifer M. Kern		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address 209 Crickentree Dr.		Transaction ID: 14676050	
City State Zip Code Blythewood SC 29016-8714	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Jon Todd Fitzgerald		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7	
Mailing Address Lake Oswego Foot Clinic 543 S.W. 3rd St.		Transaction ID: 14676054	
City State Zip Code Lake Oswego OR 97034-3067	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Lake Oswego Foot Clinic Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 31
	(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

Full Name (Last, First, Middle Initial) A. Dr. Richard E. Ehle		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 61 Black Walnut Ln.		Transaction ID: 14676077	
City Burlington	State CT	Zip Code 06013-2205	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas M. Domanick		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 7	
Mailing Address 45 Gatehouse Rd.		Transaction ID: 14676079	
City Trumbull	State CT	Zip Code 06611-1610	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	15950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 31	
	(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

Full Name (Last, First, Middle Initial)
A. APMA Government Education Fund

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10561.28

Date of Receipt

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

Transaction ID: 14628311

Amount of Each Receipt this Period
586.92

Transfer Funds for Federal Operating Expenses

SUBTOTAL of Receipts This Page (optional)	▶	586.92
TOTAL This Period (last page this line number only)	▶	586.92

**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

Full Name (Last, First, Middle Initial)

A. Wachovia Bank, N.A.

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 14628304

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

586.92

Bank Fees

SUBTOTAL of Disbursements This Page (optional) ►

586.92

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

586.92

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Whitfield For Congress Committee		Transaction ID: 14583480 Date of Disbursement 10 / 01 / 2007
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00
City Hopkinsville State KY Zip Code 42241	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Edward Whitfield		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Congressman Waxman Campaign Committee		Transaction ID: 14583483 Date of Disbursement 10 / 01 / 2007
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2500.00
City Los Angeles State CA Zip Code 90048	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Henry A. Waxman		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Abercrombie For Congress		Transaction ID: 14583477 Date of Disbursement 10 / 01 / 2007
Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005 C/O 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 1000.00
City Honolulu State HI Zip Code 96814	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Neil Abercrombie		Amount of Each Disbursement this Period 4500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Congressman Bart Gordon Committee		Transaction ID: 14583481 Date of Disbursement 10 / 01 / 2007
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	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
State: TN District: 6		

Full Name (Last, First, Middle Initial) B. Kirk For Congress		Transaction ID: 14583479 Date of Disbursement 10 / 01 / 2007
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 2500.00
City Winnetka	State IL	
Zip Code 60093		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Mark Steven Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Electio	
State: IL District: 10		

Full Name (Last, First, Middle Initial) C. Becerra for Congress		Transaction ID: 14583484 Date of Disbursement 10 / 01 / 2007
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	
Zip Code 90026		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Electio	
State: CA District: 30		

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

Full Name (Last, First, Middle Initial) A. Schakowsky For Congress		Transaction ID: 14583482 Date of Disbursement 10 / 01 / 2007
Mailing Address P.O. Box 5130		Amount of Each Disbursement this Period 2500.00
City Evanston State IL Zip Code 60204	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Janice D. Schakowsky		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 9	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown		Transaction ID: 14583476 Date of Disbursement 10 / 01 / 2007
Mailing Address PO BOX 76187 Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Sherrod Brown		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 Primary Electio	

Full Name (Last, First, Middle Initial) C. Ryan For Congress		Transaction ID: 14583478 Date of Disbursement 10 / 01 / 2007
Mailing Address P. O. Box 1919 P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Paul Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Dick Durbin Committee		Transaction ID: 14620436 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address PO Box 1949		Amount of Each Disbursement this Period 2500.00
City Springfield State IL Zip Code 62705	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. Richard J. Durbin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Gene Green Congressional Campaign		Transaction ID: 14620438 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address PO Box 16128		Amount of Each Disbursement this Period 2500.00
City Houston State TX Zip Code 77222	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Gene Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Friends of Kent Conrad		Transaction ID: 14620434 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 7
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 1000.00
City Bismarck State ND Zip Code 58502	Purpose of Disbursement 011 Category/Type	
Candidate Name Kent Conrad		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ken Calvert For Congress		Transaction ID: 14620437 Date of Disbursement 10 / 05 / 2007	
Mailing Address PO Box 20123		Amount of Each Disbursement this Period 1000.00	
City Riverside	State CA		Zip Code 92516
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Ken Calvert			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: CA District: 44			

Full Name (Last, First, Middle Initial) B. Mary Bono Committee		Transaction ID: 14633342 Date of Disbursement 10 / 14 / 2007	
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1000.00	
City Palm Springs	State CA		Zip Code 92263
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Mary Bono			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: CA District: 45			

Full Name (Last, First, Middle Initial) C. Committe To Re-Elect Ed Towns		Transaction ID: 14633341 Date of Disbursement 10 / 15 / 2007	
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1000.00	
City Brooklyn	State NY		Zip Code 11233
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Edolphus Towns			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: NY District: 10			

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

Full Name (Last, First, Middle Initial) A. Berkley For Congress		Transaction ID: 14643501 Date of Disbursement																					
Mailing Address 7500 W. Lake Mead Blvd. Box9-306		<table border="1"> <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>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	6		2	0	0	7														
City Las Vegas	State NV	Zip Code 89128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Void - Berkley For Congress		011 Category/ Type	-1000.00																				
Candidate Name Rep. Shelley Berkley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Void - Berkley For Congress																				
State: NV District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio																						

Full Name (Last, First, Middle Initial) B. Berkley For Congress		Transaction ID: 14643502 Date of Disbursement																					
Mailing Address 7500 W. Lake Mead Blvd. Box9-306		<table border="1"> <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>1</td><td>0</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		1	6		2	0	0	7														
City Las Vegas	State NV	Zip Code 89128	Amount of Each Disbursement this Period																				
Purpose of Disbursement Replacement Check for #3129 - Voided		011 Category/ Type	1000.00																				
Candidate Name Rep. Shelley Berkley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Replacement Check for #31-29 - Voided																				
State: NV District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio																						

Full Name (Last, First, Middle Initial) C. Klein For Congress		Transaction ID: 14660123 Date of Disbursement																					
Mailing Address 21301 Powerline Road Suite 204		<table border="1"> <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>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	2		2	0	0	7														
City Boca Raton	State FL	Zip Code 33433	Amount of Each Disbursement this Period																				
Purpose of Disbursement		011 Category/ Type	1000.00																				
Candidate Name Mr. Ron Klein	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President																						
State: FL District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio																						

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	23500.00