

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
 Check if different than previously reported. (ACC)
Bethesda MD 20814-1698

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2008 through 05 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 09 19 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

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	429963.99									
(c) Total Receipts (from Line 19)	19694.00	267605.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	449657.99	590274.40								
7. Total Disbursements (from Line 31)	41000.00	181616.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	408657.99	408657.99								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

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	8650.00	173256.22
(i) Itemized (use Schedule A)	11044.00	90083.00
(ii) Unitemized	19694.00	263339.22
(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)	19694.00	263339.22
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.)	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))	19694.00	267605.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19694.00	267605.04

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.....	41000.00	178500.00
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	401.00
(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	401.00
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))..	41000.00	181616.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41000.00	181616.41

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	19694.00	263339.22
34. Total Contribution Refunds (from Line 28(d))	0.00	401.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19694.00	262938.22
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)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2670.41

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

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

FOR LINE NUMBER: PAGE 6 / 24
(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. Michael E. McGowan

Mailing Address 4200 S. T-Bird Tr.

City State Zip Code
Sioux Falls SD 57103

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
MM / DD / YYYY
05 / 01 / 2008

Transaction ID: 15445215

Amount of Each Receipt this Period
250.00

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

Mailing Address 90 Keats Rd.

City State Zip Code
Basking Ridge NJ 07920-2616

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2008

Transaction ID: 15445216

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Helena L. Yee

Mailing Address 450 Luakini St.

City State Zip Code
Honolulu HI 96817-1447

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
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: 15445223

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24
(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. Christopher Joseph Gauland

Mailing Address 3703 Bach Cir.

City State Zip Code
Greenville NC 27858-5344

FEC ID number of contributing federal political committee. C

Name of Employer: Eastern Carolina Foot & Ankle Speciali
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 13 / 2008

Transaction ID: 15453196

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. William Charles Jones

Mailing Address 10517 S. Toledo

City State Zip Code
Tulsa OK 74137-6228

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
05 / 13 / 2008

Transaction ID: 15453197

Amount of Each Receipt this Period
250.00

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

Mailing Address 21 Inverness Ln.

City State Zip Code
Newport Beach CA 92660-5110

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
05 / 13 / 2008

Transaction ID: 15453198

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24
(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. Steven B. Smith

Mailing Address 2929 E 69th St.

City State Zip Code
Tulsa OK 74136-4541

FEC ID number of contributing federal political committee. C

Name of Employer Metro Tulsa Foot & Ankle Specialists
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2008
Transaction ID: 15453201

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jill Lynn Jackson-Smith

Mailing Address 2929 E. 69th St.

City State Zip Code
Tulsa OK 74136-4541

FEC ID number of contributing federal political committee. C

Name of Employer Metro Tulsa Foot & Ankle Specialists
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2008
Transaction ID: 15453202

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. David Glen Wade

Mailing Address 1804 Elmhurst Ave.

City State Zip Code
Nichols Hills OK 73120-4718

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 ▼ 750.00

Date of Receipt 05 / 13 / 2008
Transaction ID: 15453203

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 24
(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. Evelyn M. Cloud, IV

Mailing Address 8211 Mar Del Plata St. E.

City State Zip Code
Jacksonville FL 32256-7349

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 05 / 08 / 2008
Transaction ID: 15454772

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kent S. Martin

Mailing Address 141 Stoney Creek Dr.

City State Zip Code
Florence AL 35633-1582

FEC ID number of contributing federal political committee. C

Name of Employer Martin Foot Specialists, Inc. Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2008
Transaction ID: 15454773

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. James M. Flynn

Mailing Address 10218 Mantle Ct.

City State Zip Code
Oklahoma City OK 73162-4437

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 05 / 08 / 2008
Transaction ID: 15454777

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 24
(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. Andronica S. Handie

Mailing Address 9414 S. 73rd E. Pl.

City State Zip Code
Tulsa OK 74133-5448

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

Name of Employer Warren Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2008

Transaction ID: 15454778

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. William J. O'Neill

Mailing Address 3530 Stancliff Rd.

City State Zip Code
Clemmons NC 27012-9085

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

Name of Employer Carolina Foot Care Associates Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2008

Transaction ID: 15513050

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lesley S. Appel

Mailing Address 146 Ritchie Ave

City State Zip Code
Cincinnati OH 45215-2035

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 15513083

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 24
(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. Charles M. M. Lombardi

Mailing Address 166-02 12th Rd.

City State Zip Code
Beechhurst NY 11357-2806

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

Name of Employer Self Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2008

Transaction ID: 15513086

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Eugene M. Pascarella

Mailing Address 1887 Wingfield Dr.

City State Zip Code
Longwood FL 32779-7008

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

Name of Employer Self Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 15516190

Amount of Each Receipt this Period
250.00

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

Mailing Address 8722 S.W. 49th Ave.

City State Zip Code
Portland OR 97219-3357

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

Name of Employer Westside Podiatry Clinic Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: 15516192

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 24
(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. William Tarran		Date of Receipt MM / DD / YYYY 05 / 30 / 2008
	Mailing Address 1216 Seville Dr.		Transaction ID: 15516193
	City Pacifica	State CA	Zip Code 94044-3554
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Walter G. Warren		Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address P.O. Box 707		Transaction ID: 15524119
	City Seymour	State IN	Zip Code 47274-0707
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Comprehensive Foot & Ankle Ctr		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. William T. Beasley		Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 1317 Leighton Cir.		Transaction ID: 15524201
	City Louisville	State KY	Zip Code 40222-5666
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Dr. D. Charles Greiner		Date of Receipt																					
	Mailing Address 3713 S. High St.		<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>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		3	0		2	0	0	8														
	City	State	Zip Code	Transaction ID: 15524225																				
	Columbus	OH	43207-4011	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	1000.00																					
Name of Employer Self Employed		Occupation Podiatric Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1000.00																					

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	8650.00

**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

A.	Full Name (Last, First, Middle Initial) Reed Committee '08	Transaction ID: 15396942 Date of Disbursement 05 / 01 / 2008
	Mailing Address PO Box 8628	Amount of Each Disbursement this Period -1000.00
	City Cranston State RI Zip Code 02920	
	Purpose of Disbursement Void - The Reed Committee	011 Category/ Type
	Candidate Name Sen. Jack Reed	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - The Reed Committee

B.	Full Name (Last, First, Middle Initial) Friends of Bill Posey	Transaction ID: 15498135 Date of Disbursement 05 / 21 / 2008
	Mailing Address 2525 Aurora Rd. Suite 102	Amount of Each Disbursement this Period 2500.00
	City Melbourne State FL Zip Code 32935	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Bill Posey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Victory NOW	Transaction ID: 15498136 Date of Disbursement 05 / 21 / 2008
	Mailing Address 10605 Concord Street Suite 202	Amount of Each Disbursement this Period 2500.00
	City Kensington State MD Zip Code 20895	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Victory NOW	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
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) Kuhl For Congress</p> <p>Mailing Address 10 Ganesvoort Street Suite 101</p> <p>City Bath State NY Zip Code 14810</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John Kuhl</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15498137 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Udall For Us All</p> <p>Mailing Address P.O. Box 208</p> <p>City Santa Fe State NM Zip Code 87504</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Tom Udall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15498138 Date of Disbursement 05 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Braley For Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Bruce Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15498139 Date of Disbursement 05 / 21 / 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**

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) Friends Of Charlie Wilson	Transaction ID: 15498140 Date of Disbursement 05 / 21 / 2008
	Mailing Address 7 Cadiz Pike	Amount of Each Disbursement this Period 1000.00
	City Bridgeport State OH Zip Code 43912	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Mr. Charles Wilson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Upton For All Of Us	Transaction ID: 15498141 Date of Disbursement 05 / 21 / 2008
	Mailing Address 104 Hume Avenue	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22301	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Fred Upton	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Musgrave For Congress	Transaction ID: 15498143 Date of Disbursement 05 / 21 / 2008
	Mailing Address 257 Johnstown Center Drive #211	Amount of Each Disbursement this Period 1000.00
	City Johnstown State CO Zip Code 80534	011 Category/ Type
	Purpose of Disbursement	
Candidate Name Rep. Marilyn N. Musgrave	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

A.	Full Name (Last, First, Middle Initial) Ryan For Congress <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Paul Ryan <hr/> 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: WI District: 01	Transaction ID: 15498144 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) DAKPAC <hr/> Mailing Address 120 Maryland Avenue, NW <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name DAKPAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 15498145 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div>
C.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez <hr/> Mailing Address 601 S Glenoaks Blvd Suite 211 <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Linda Sanchez <hr/> 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: CA District: 39	Transaction ID: 15498146 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 2px;">4500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

**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) People For English	Transaction ID: 15498147 Date of Disbursement 05 / 21 / 2008
	Mailing Address P.O. Box 1940	Amount of Each Disbursement this Period 1000.00
	City Erie State PA Zip Code 16507	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Phil English	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel	Transaction ID: 15498149 Date of Disbursement 05 / 21 / 2008
	Mailing Address P.O. Box 101124	Amount of Each Disbursement this Period 1500.00
	City Chicago State IL Zip Code 60610	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Rahm Emanuel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Shelley Moore Capito For Congress	Transaction ID: 15498151 Date of Disbursement 05 / 21 / 2008
	Mailing Address P.O. Box 11519	Amount of Each Disbursement this Period 1000.00
	City Charleston State WV Zip Code 25339	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Shelley Capito	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden	Transaction ID: 15498153 Date of Disbursement 05 / 21 / 2008
	Mailing Address 18 N. Second Street PO Box 37	Amount of Each Disbursement this Period 1000.00
	City Saint Clair State PA Zip Code 17970	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Tim Holden	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AmeriPAC	Transaction ID: 15498154 Date of Disbursement 05 / 21 / 2008
	Mailing Address 499 South Capitol Street, SW Suite 414	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chandler For Congress	Transaction ID: 15498156 Date of Disbursement 05 / 21 / 2008
	Mailing Address PO Box 12678	Amount of Each Disbursement this Period 1000.00
	City Lexington State KY Zip Code 40583	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Benjamin Chandler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd <hr/> Mailing Address 236 Massachusetts Ave., NE Suite 209 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Senator Christopher J. Dodd <hr/> 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: CT District:	Transaction ID: 15498157 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz <hr/> Mailing Address 4479 Foxglove Ln <hr/> City Weston State FL Zip Code 33331 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Rep. Debbie Schultz <hr/> 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: FL District: 20	Transaction ID: 15498158 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Friends Of John Barrow <hr/> Mailing Address PO Box 8166 <hr/> City Savannah State GA Zip Code 31412 <hr/> Purpose of Disbursement 011 Category/ Type <hr/> Candidate Name Rep. John Barrow <hr/> 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: GA District: 12	Transaction ID: 15498159 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">3000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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 21 / 24

<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) Prairie PAC	Transaction ID: 15510281 Date of Disbursement 05 / 28 / 2008
	Mailing Address 200 East Jefferson Street	Amount of Each Disbursement this Period 5000.00
	City Falls Church State VA Zip Code 22046	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Larson For Congress	Transaction ID: 15510352 Date of Disbursement 05 / 28 / 2008
	Mailing Address 29 Ruff Circle	Amount of Each Disbursement this Period 1000.00
	City Glastonbury State CT Zip Code 06033	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John B. Larson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: 15510354 Date of Disbursement 05 / 28 / 2008
	Mailing Address 7500 W. Lake Mead Blvd. Box9-306	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89128	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Shelley Berkley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
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) Whitehouse for Senate <hr/> Mailing Address PO Box 40280 <hr/> City Providence State RI Zip Code 02920 <hr/> Purpose of Disbursement <hr/> Candidate Name Sheldon Whitehouse <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15510369 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John S. Fund <hr/> Mailing Address 104 Hume Avenue <hr/> City Alexandria State VA Zip Code 22301 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15510390 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BAMPAC (Building A Majority PAC) <hr/> Mailing Address 10 G Street, NE Suite 470 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name BAMPAC (Building A Majority PAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15511663 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

<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)
Loebsack For Congress

Mailing Address PO Box 1457

City Iowa City State IA Zip Code 52244

Purpose of Disbursement

Candidate Name
Rep. Dave Loebsack

Office Sought: House
 Senate
 President
State: IA District: 02

Disbursement For: 2005
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 15513117

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

41000.00

Image# 28992176787

Form/Schedule: **F3XA**

Transaction ID:

This report is being refiled due to an imbalance detected by our FEC analyst. The problem has been corrected but will necessitate the re-filing of reports covering the periods May 1 - August 31.
