

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 04 01 2008 through 04 30 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 07 08 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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

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	415543.49									
(c) Total Receipts (from Line 19)	85844.44	248061.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	501387.93	570730.40								
7. Total Disbursements (from Line 31)	71273.94	140616.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	430113.99	430113.99								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	4

D	D
3	0

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	55800.00	164606.22
(i) Itemized (use Schedule A)	28410.00	79189.00
(ii) Unitemized	84210.00	243795.22
(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)	84210.00	243795.22
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.)	1634.44	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))	85844.44	248061.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	85844.44	248061.04

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1372.94	2670.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1372.94	2670.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	137500.00
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	150.00	150.00
(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))	150.00	150.00
29. Other Disbursements.....	251.00	296.00
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))..	71273.94	140616.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	71273.94	140616.41

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	84210.00	243795.22
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84060.00	243645.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1372.94	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)	1372.94	2670.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 72
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Donald P. Heilala	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 844 Pyle Dr., P.O. Box 2218 Iron Mountain Area	Transaction ID: 15237286
	City Kingsford State MI Zip Code 49802-2218	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	

B.	Full Name (Last, First, Middle Initial) Dr. Stephen K. Grandfield	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 7 The Thumb	Transaction ID: 15237289
	City Portage State IN Zip Code 46368-8706	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	

C.	Full Name (Last, First, Middle Initial) Dr. Jodie Noll Sengstock	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 49450 Hudson Dr.	Transaction ID: 15237301
	City Canton State MI Zip Code 48188-1979	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Podiatric Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 72
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Robert M. Sage	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 2288 Cobblestone Ln.	Transaction ID: 15237302
	City State Zip Code Beloit WI 53511-6716	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Associated Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Dr. Andrew H. Cohen	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 8 Lumberman Way	Transaction ID: 15237310
	City State Zip Code Saginaw MI 48603-8627	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mid-MI Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Jondelle B. Jenkins	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address J.B. Jenkins & Associates 1706 E. 87th St.	Transaction ID: 15237316
	City State Zip Code Chicago IL 60617-2740	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer J.B. Jenkins & Associates	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)	1750.00
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 / 72
(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. Katherine Bailey		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
Mailing Address Bailey & Associates 1307 Washington St. #100		Transaction ID: 15237329
City Oregon	State IL	Zip Code 61061-1022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bailey & Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Patrick A. McShane		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
Mailing Address 2605 S. Marlan		Transaction ID: 15237330
City Springfield	State MO	Zip Code 65804-4800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Steven J. Berlin		Date of Receipt MM / DD / YYYY 04 / 01 / 2008
Mailing Address 6501 Red Hook Plz. #201		Transaction ID: 15237332
City St Thomas	State VI	Zip Code 00802-1311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 72
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Randy K. Kaplan</p> <p>Mailing Address 6578 Post Oak Dr.</p> <p>City State Zip Code West Bloomfield MI 48322-3830</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8</p> <p>Transaction ID: 15237426</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Walter Jacobsen</p> <p>Mailing Address 6237 N. Talman Ave.</p> <p>City State Zip Code Chicago IL 60659-2709</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Oak Lawn Foot & Ankle Center, P.C. Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8</p> <p>Transaction ID: 15237428</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Robert M. Locastro</p> <p>Mailing Address 21 Larkin St.</p> <p>City State Zip Code Huntington Station NY 11746-4713</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Podiatric Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8</p> <p>Transaction ID: 15237429</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 72
(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. Kirk M. Contento

Mailing Address 10441 Circle Dr. #14-C

City State Zip Code
Oak Lawn IL 60453-6409

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) ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: 15237430

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Laura J. Pickard

Mailing Address Norridge Foot Clinic
7325 W. Irving Park Rd.

City State Zip Code
Chicago IL 60634-3547

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

Name of Employer Occupation
Norridge Foot Clinic Podiatric Physician

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

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: 15237442

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 2165 Fawn Ridge Dr.

City State Zip Code
Dixon IL 61021-9502

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

Name of Employer Occupation
KSB Medical Group/Foot & Ankle Center Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2008

Transaction ID: 15237444

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 72
	<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. Phillip D. Narcissi	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 19841 Wolf Rd.	Transaction ID: 15237445
	City Mokena State IL Zip Code 60448-1315	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Podiatric Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Tommy Wayne Garnett	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 70 Huckleberry Ln.	Transaction ID: 15242296
	City Wetumpka State AL Zip Code 36092-5908	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	

C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Kahn	Date of Receipt MM / DD / YYYY 04 / 03 / 2008
	Mailing Address 63 Murphy Dr.	Transaction ID: 15242298
	City Rocky Hill State CT Zip Code 06067-2910	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CT Foot Care Centers 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)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 72
	(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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Harold B. Glickman		Date of Receipt
	Mailing Address 11321 Berger Ter.		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Potomac	MD	20854-2017
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Podiatric Physician	Transaction ID: 15242303
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Dr. Jay G. Levine		Date of Receipt
	Mailing Address 5 Walnut Ct.		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New City	NY	10956-5428
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Podiatric Physician	Transaction ID: 15244925
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Kile W. Kinney		Date of Receipt
	Mailing Address 3552 Carnoustie Dr.		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Martinez	GA	30907-9504
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Foot & Ankle Group		Occupation Podiatric Physician	Transaction ID: 15245721
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 72
(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. Scott L. Shindler

Mailing Address 508 James Pl.

City State Zip Code
Yankton SD 57078-1830

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

Name of Employer Occupation
Shindler Foot Clinic Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245722

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 6416 Wickerwood Dr.

City State Zip Code
Dallas TX 75248-2901

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

Name of Employer Occupation
S.W. Podiatry Associates Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245723

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Mr. Herman Hammerschmidt

Mailing Address 6 Brandon Road

City State Zip Code
Lawrenceville NJ 08648-1502

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

Name of Employer Occupation
New Jersey Podiatric Medical Society Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245724

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 14 / 72
(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 Joseph Merckx

Mailing Address 6 Drumhill Cir.

City State Zip Code
Madison WI 53717-1075

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

Name of Employer Associated Podiatrists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245727

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Theodore Polizos

Mailing Address Comprehensive Pod. Med. Services
1734 W. Algonquin Rd.

City State Zip Code
Arlington Heights IL 60005-3405

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

Name of Employer Comprehensive Pod. Med. Services 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
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245728

Amount of Each Receipt this Period 300.00

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

Mailing Address Salem Foot Clinic
350 Miller St. S.E.

City State Zip Code
Salem OR 97302-4248

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

Name of Employer Salem Foot Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245729

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 72

(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. Barry E. Wesselowski

Mailing Address 2901 Majestic Dr.

City Independence State KS Zip Code 67301-1519

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
04 / 06 / 2008

Transaction ID: 15245731

Amount of Each Receipt this Period 500.00

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

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

City Martins Ferry State OH Zip Code 43935-1600

FEC ID number of contributing federal political committee. C

Name of Employer Achilles Foot & Ankle Surgery Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245733

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Derek Dalling

Mailing Address 1000 W. St. Joseph #200
P.O. Box 15339

City Lansing State MI Zip Code 48901-5339

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
04 / 06 / 2008

Transaction ID: 15245735

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 72
(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. Joseph M. Hughes

Mailing Address 2311 Ocean View Dr.

City State Zip Code
Signal Hill CA 90755-3778

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

Name of Employer Occupation
Los Alamitos Foot Center Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245736

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Donald G. Hovancsek

Mailing Address 7520 Sandy Point Rd. N.E.

City State Zip Code
Olympia WA 98516-9575

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245738

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mark E. Pinker

Mailing Address Pinker & Associates
47 Brookwood Ave.

City State Zip Code
Carlisle PA 17013-9126

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

Name of Employer Occupation
Pinker & Associates Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245739

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 72		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Dr. Kert W. Howard		Date of Receipt MM / DD / YYYY 04 / 06 / 2008		
	Mailing Address 7688 W. Portneuf Rd.		Transaction ID: 15245740		
	City Pocatello	State ID	Zip Code 83204-7336	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pocatello Podiatry Associates	Occupation Podiatric Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Joseph Ryan Treadwell		Date of Receipt MM / DD / YYYY 04 / 06 / 2008		
	Mailing Address 15 Lantern Ct.		Transaction ID: 15245743		
	City Farmington	State CT	Zip Code 06032-3333	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) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Scott Altman		Date of Receipt MM / DD / YYYY 04 / 06 / 2008		
	Mailing Address 185 E. 85th St. #23H		Transaction ID: 15245745		
	City New York	State NY	Zip Code 10028-2147	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) ▼					

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 18 / 72
(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. Rusty Lee Cain

Mailing Address 824 8th St.

City State Zip Code
Fairmont WV 26554-2561

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

Name of Employer Occupation
Doctors Foot Center Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245746

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 345 E. Central Ave.

City State Zip Code
Jersey Shore PA 17740-6979

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245747

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4611 Loreauville Rd.

City State Zip Code
New Iberia LA 70563-0997

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

Name of Employer Occupation
Foot Specialists of Acadiana Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245748

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 72
(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. Michael B. Thompson

Mailing Address 201 68th Pl.

City State Zip Code
Kenosha WI 53143-5137

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
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245749

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Stuart L. Tessler

Mailing Address 3 49th Ave.

City State Zip Code
Isle Of Palms SC 29451-2609

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

Name of Employer Occupation
Charleston Podiatry 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
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245750

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Stephen D. Palmer

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

City State Zip Code
Clarksville MD 21029-1631

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

Name of Employer Occupation
Columbia Foot & Ankle Ass-
oc. 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
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245753

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 72
(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)
Mr. Michael Q. Davis

Mailing Address 757 Poplar Church Rd.

City State Zip Code
Camp Hill PA 17011-2314

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

Name of Employer Pennsylvania Podiatric Medical Assoc. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 06 / 2008
Transaction ID: 15245758
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Leonard F. Pinto, Jr.

Mailing Address 7 Marie Cir.

City State Zip Code
Holbrook MA 02343-1462

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

Name of Employer Canton Podiatry Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 06 / 2008
Transaction ID: 15245759
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Rudolf W. Cisco

Mailing Address 3739 Timber Walk Dr.

City State Zip Code
Gainesville GA 30506-3666

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: 04 / 06 / 2008
Transaction ID: 15245761
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 72
(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. Bradford W. Glass

Mailing Address 4603 Island Dr.

City Midland State TX Zip Code 79707-1406

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 04 / 06 / 2008

Transaction ID: 15245762

Amount of Each Receipt this Period 250.00

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

Mailing Address 65 Hartman Rd.

City Newton Center State MA Zip Code 02459-3035

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 04 / 06 / 2008

Transaction ID: 15245763

Amount of Each Receipt this Period 500.00

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

Mailing Address Village Medical Arts Complex
77 Miller Rd. #202

City Castleton On Hudso State NY Zip Code 12033-4022

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

Name of Employer Collar City Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2008

Transaction ID: 15245764

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 72

(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. Richard S. Eisner

Mailing Address 27 Horton St.

City State Zip Code
Salem MA 01970-2847

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) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245765

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Marc S. Bruell

Mailing Address 1145 Ryder Rd.

City State Zip Code
Chesterton IN 46304-3453

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

Name of Employer Occupation
Lakeshore Bone & Joint Institute 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
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245771

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jon A. Hultman

Mailing Address 2011 Thayer Ave.

City State Zip Code
Los Angeles CA 90025-5296

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
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245773

Amount of Each Receipt this Period

500.00

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 23 / 72
(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)
Candace Daly

Mailing Address 1296 W. 475 S.

City Farmington State UT Zip Code 84025-4715

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
04 / 06 / 2008

Transaction ID: 15245774

Amount of Each Receipt this Period: 250.00

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

Mailing Address 100 4 Seasons E.

City Amherst State NY Zip Code 14226-4276

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245775

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Rosario J. LaBarbera

Mailing Address 321 Union Brick Rd.

City Blirstown State NJ Zip Code 07825-3411

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245777

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 24 / 72
(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. Edward Patrick Smith, Jr.
Mailing Address 148 Park St.
City Springfield State VT Zip Code 05156-3034
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Podiatric Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt MM / DD / YYYY 04 / 06 / 2008
Transaction ID: 15245778
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey R. DeSantis
Mailing Address 2611 Circle Dr.
City Newport Beach State CA Zip Code 92663-5616
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 04 / 06 / 2008
Transaction ID: 15245783
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Eric R. Hubbard
Mailing Address 3530 Weston
City Long Beach State CA Zip Code 90807-3818
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 ▼ 600.00
Date of Receipt MM / DD / YYYY 04 / 06 / 2008
Transaction ID: 15245785
Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00
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 25 / 72						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Dr. Franklin Kase		Date of Receipt	
	Mailing Address 2675 Basil Ln.		M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 8	
	City State Zip Code Los Angeles CA 90077-0000		Transaction ID: 15245787	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
	Name of Employer Burbank Podiatry Associates Group		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Dr. Harry Goldsmith		Date of Receipt	
	Mailing Address 19224 Trentham Ave.		M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 8	
	City State Zip Code Cerritos CA 90703-7269		Transaction ID: 15245788	
	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		

C.	Full Name (Last, First, Middle Initial) Dr. Tracy L. Basso		Date of Receipt	
	Mailing Address 3216 Shelter Love Ave.		M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 8	
	City State Zip Code Davis CA 95616-2628		Transaction ID: 15245789	
	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 26 / 72
(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. 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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245790

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Christian H. Kindsvatter

Mailing Address 1000 W. St. Joseph #200
P.O. Box 15339

City State Zip Code
Lansing MI 48901-5339

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

Name of Employer Michigan Podiatric Medical Association Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2008

Transaction ID: 15245791

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Irvin O. Kanat

Mailing Address 4800 Hardwoods Dr.

City State Zip Code
West Bloomfield MI 48323-2641

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
04 / 06 / 2008

Transaction ID: 15245795

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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 27 / 72
(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. L. Denise Highland

Mailing Address 21409 Kelly Rd. #200

City State Zip Code
Eastpointe MI 48021-3264

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
0	4	/	0	6	/	2	0	0	8

Transaction ID: 15245796

Amount of Each Receipt this Period
300.00

B. 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 Shores Podiatry Associates 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
0	4	/	0	6	/	2	0	0	8

Transaction ID: 15245797

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Oleh Roman Lawrin

Mailing Address 4595 Nathan Dr.

City State Zip Code
Sterling Heights MI 48310-2658

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 ▼
475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	8

Transaction ID: 15245798

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional) ► **975.00**

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 28 / 72
(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. Kevin J. Moran

Mailing Address 66 Willard Rd.

City State Zip Code
Westminster MA 01473-1201

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

Name of Employer Occupation
Fallon Clinic Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245799

Amount of Each Receipt this Period
600.00

B.

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

Mailing Address 4740 Bonnie Ct.

City State Zip Code
West Bloomfield MI 48322-4467

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245800

Amount of Each Receipt this Period
375.00

C.

Full Name (Last, First, Middle Initial)
Dr. Marie Delewsky

Mailing Address 1480 Oak Hollow Dr.

City State Zip Code
Milford MI 48380-4263

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 8

Transaction ID: 15245801

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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 29 / 72
(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. Lyman H. Wilson

Mailing Address 2220 E. Fruit St. #214

City State Zip Code
Santa Ana CA 92701-4459

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 15246412

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Craig S. Friedman

Mailing Address 3734 Ashley Way

City State Zip Code
Owings Mills MD 21117-1400

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 15246413

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Lawrence B. Harkless

Mailing Address 1079 St. Andrews Dr.

City State Zip Code
Upland CA 91784-9144

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

Name of Employer Western University of Health Sciences 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
0 4 / 0 7 / 2 0 0 8

Transaction ID: 15246414

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 72
(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. Kevin Holton

Mailing Address 2805 Jasmine Ct.

City State Zip Code
Saint Cloud MN 56301-9467

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

Name of Employer Occupation
St. Cloud Orthopedics Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: 15246418

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert Paul Taylor

Mailing Address 10809 Canoe Rd.

City State Zip Code
Frisco TX 75035-7309

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: 15246419

Amount of Each Receipt this Period
500.00

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

Mailing Address 13427 Seward

City State Zip Code
Omaha NE 68154-3820

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: 15246420

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 72
(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. Stanley J. Phillips

Mailing Address 9712 N. Canterbury Park Cir.

City Highland State UT Zip Code 84003-3701

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

Name of Employer N. Valley Surgical Associates Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2008

Transaction ID: 15246421

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robin C. Ross

Mailing Address Shelter Island Podiatry
2A Hudson Ave., P.O. Box 1023

City Shelter Island State NY Zip Code 11964-1023

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

Name of Employer Shelter Island Podiatry Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2008

Transaction ID: 15247124

Amount of Each Receipt this Period 250.00

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

Mailing Address 10 Princeton Dr.

City Manalapan State NJ Zip Code 07726-3216

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 04 / 07 / 2008

Transaction ID: 15247174

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 72
(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. Roy R. DeFrancis

Mailing Address 66 Brantwood Rd.

City Snyder State NY Zip Code 14226-4303

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 04 / 07 / 2008

Transaction ID: 15247175

Amount of Each Receipt this Period 250.00

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

Mailing Address 195 E. 24th St.

City Upland State CA Zip Code 91784-1150

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY 04 / 07 / 2008

Transaction ID: 15247176

Amount of Each Receipt this Period 500.00

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

Mailing Address 1833 Lake Shore Dr.

City Columbus State OH Zip Code 43204-4964

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 04 / 07 / 2008

Transaction ID: 15247186

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 72
(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. Thomas C. Atwood		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address Western Foot & Ankle Care 2122 9th St. #3		Transaction ID: 15247189
	City Greeley	State CO	Zip Code 80631-3089
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Western Foot & Ankle Care	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Dr. Jerauld D. Ferritto, Jr.		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 2396 Club Rd.		Transaction ID: 15247194
	City Upper Arlington	State OH	Zip Code 43221-4005
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Anthony P. Tocco		Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 700 Riverside Dr.		Transaction ID: 15282024
	City Ormond Beach	State FL	Zip Code 32176-7814
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 34 / 72
(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

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. Gary N. Grippo		Date of Receipt MM / DD / YYYY 04 / 10 / 2008
Mailing Address 270 Center St. #110		Transaction ID: 15320074
City West Haven	State CT	Zip Code 06516-4400
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Jonathan J. Key		Date of Receipt MM / DD / YYYY 04 / 10 / 2008
Mailing Address 1892 Shephard Ave.		Transaction ID: 15320075
City Hamden	State CT	Zip Code 06518-1856
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Affiliated Foot Surgeons	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Devang C. Patel		Date of Receipt MM / DD / YYYY 04 / 10 / 2008
Mailing Address 520 West Ave.		Transaction ID: 15320076
City Norwalk	State CT	Zip Code 06850-4034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 35 / 72
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Peter A. Blume

Mailing Address 22 Timber Ln.

City State Zip Code
Woodbridge CT 06525-1835

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

Name of Employer
Blume Pod. Group/Aff. Foot Surgeons

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: 15320079

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Carlton G. Purvis

Mailing Address 309 Old Coach Rd.

City State Zip Code
Rocky Mount NC 27804-2134

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

Name of Employer
Purvis Foot & Ankle Center

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: 15320084

Amount of Each Receipt this Period
300.00

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

Mailing Address 1709 Landon Hill Rd.

City State Zip Code
Vienna VA 22182-1653

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

Name of Employer
Georgetown University - Limb Center

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2008

Transaction ID: 15320086

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 36 / 72
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Steven E. Damon	Date of Receipt MM / DD / YYYY 04 / 10 / 2008
	Mailing Address 399 N. Main St.	Transaction ID: 15320088
	City State Zip Code Suffield CT 06078-1828	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	

B.	Full Name (Last, First, Middle Initial) Dr. Nancy T. Ray	Date of Receipt MM / DD / YYYY 04 / 10 / 2008
	Mailing Address P.O. Box 327	Transaction ID: 15320225
	City State Zip Code Warrenton OR 97146-0327	Amount of Each Receipt this Period 400.00
	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	

C.	Full Name (Last, First, Middle Initial) Dr. Marc Steven Maikon	Date of Receipt MM / DD / YYYY 04 / 10 / 2008
	Mailing Address 1750 Emerald Ct.	Transaction ID: 15332573
	City State Zip Code Robins IA 52328-9651	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)	900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 72
(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. Kristin K. Titko

Mailing Address 11092 Allenhurst Blvd.

City State Zip Code
Cincinnati OH 45241

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
04 / 10 / 2008

Transaction ID: 15332579

Amount of Each Receipt this Period
1000.00

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

Mailing Address 39755 Murrieta Hot Springs Rd. #D1

City State Zip Code
Murrieta CA 92563-9110

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
04 / 10 / 2008

Transaction ID: 15332580

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. J. Kenneth Durham

Mailing Address 4813 Coachlight Ct.

City State Zip Code
Albany GA 31721-9190

FEC ID number of contributing federal political committee. C

Name of Employer Albany Podiatry Associates Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
04 / 10 / 2008

Transaction ID: 15332585

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 72
(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. Terence Scott Pedersen

Mailing Address 122 Lake Shore Dr.

City State Zip Code
Utica SD 57067-5910

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

Name of Employer Yankton Family Foot & Ankle Center
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
0	4	/	1	0	/	2	0	0	8

Transaction ID: 15332590

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kirk W. Davis

Mailing Address 44 Monroe Dr.

City State Zip Code
Chambersburg PA 17201-7914

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
0	4	/	1	4	/	2	0	0	8

Transaction ID: 15345664

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth L. Hobbs

Mailing Address 714 Fairlawn Rd.

City State Zip Code
Topeka KS 66606-2337

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
0	4	/	1	4	/	2	0	0	8

Transaction ID: 15345667

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 72
(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. Lawrence A. Santi

Mailing Address 31 Mayflower Ave.

City Williston Park State NY Zip Code 11596-1517

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 22 / 2008
Transaction ID: 15355572
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Daniel Leonard Waldman

Mailing Address Blue Ridge Podiatry Associates
246 Biltmore Ave.

City Asheville State NC Zip Code 28801-4142

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

Name of Employer Blue Ridge Foot Centers Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: 15358297
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven H. Glickman

Mailing Address 4821 Park Hill Ct.

City West Bloomfield State MI Zip Code 48323-3557

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: 04 / 23 / 2008
Transaction ID: 15358298
Amount of Each Receipt this Period: 500.00

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 40 / 72
(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. Joel M. Lerner

Mailing Address 4 Wilderness Trl.

City Warren State NJ Zip Code 07059-5514

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

Name of Employer Foot & Ankle Physicians Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: 15358300
 Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 880 Old Post Rd.

City Fairfield State CT Zip Code 06430-8403

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: 15358301
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Vincent J. Hetherington

Mailing Address 21948 Shagbark Trl.

City Strongsville State OH Zip Code 44149-2280

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

Name of Employer OH College of Pod. Med. Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2008
Transaction ID: 15358305
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 72
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Grace D. Pascual	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address 86274 Alamihi St.	Transaction ID: 15358306
	City State Zip Code Waianae HI 96792-2911	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Queens Clinic @ Hilton Hawaiian Villag	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. Bruce M. Jacob	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address 4319 Foxpointe Dr.	Transaction ID: 15358307
	City State Zip Code West Bloomfield MI 48323-2615	Amount of Each Receipt this Period 1050.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Bruce Jacob, DPM, P.C.	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

C.	Full Name (Last, First, Middle Initial) Dr. David M. Colannino	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address Greenville Foot & Ankle Specialist 41 Sanderson Rd. #207	Transaction ID: 15359305
	City State Zip Code Smithfield RI 02917-2603	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Greenville Foot & Ankle Specialists	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)	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: (check only one)	PAGE 42 / 72
	<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 Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Dennis Martin Chaney	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address 614 Wishing Star	Transaction ID: 15359307
	City State Zip Code San Antonio TX 78258-4112	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Alamo Family Foot & Ankle Care	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. David Glen Wade	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address 1804 Elmhurst Ave.	Transaction ID: 15359796
	City State Zip Code Nichols Hills OK 73120-4718	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	

C.	Full Name (Last, First, Middle Initial) Dr. G. Marc Conner	Date of Receipt MM / DD / YYYY 04 / 23 / 2008
	Mailing Address 1077 Crystal Basin Dr.	Transaction ID: 15359798
	City State Zip Code Colorado Springs CO 80921-7639	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Colorado Springs Health Partners	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 72

(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 S. Lynde

Mailing Address 1568 Doe Trail Ln.

City State Zip Code
Yardley PA 19067-4054

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

Name of Employer Occupation
Newtown Podiatry 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
0 4 / 2 3 / 2 0 0 8

Transaction ID: 15359799

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas S. Miller

Mailing Address Podiatry Associates
1084 S. Ribaut Rd. #A

City State Zip Code
Beaufort SC 29902-5437

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

Name of Employer Occupation
Podiatry Associates 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
0 4 / 2 3 / 2 0 0 8

Transaction ID: 15359801

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Joel L. Spivack

Mailing Address 978 Rt. 45

City State Zip Code
Pomona NY 10970-3516

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: 15359802

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 44 / 72

(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. Charles D. Anderson

Mailing Address 306 Chautauqua Ave.

City State Zip Code
Norman OK 73069-5504

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

Name of Employer Occupation
Anderson Foot & Ankle Clinic 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
0 4 / 2 3 / 2 0 0 8

Transaction ID: 15359804

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Brent Martin Harwood

Mailing Address 20930 State Rd. 181

City State Zip Code
Daphne AL 36526

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

Name of Employer Occupation
Southeast Podiatry Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: 15359806

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Bruce J. McLaughlin

Mailing Address 49 West Ln.

City State Zip Code
Brightwaters NY 11718-1025

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

Name of Employer Occupation
Self Employed Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 8

Transaction ID: 15359807

Amount of Each Receipt this Period

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 72
(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. Jack A. Koch

Mailing Address 2937 Cardamon Ln.

City Fullerton State CA Zip Code 92835-4307

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 04 / 17 / 2008

Transaction ID: 15361853

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence R. Hufford

Mailing Address 110 Main St.

City Hamilton State OH Zip Code 45013-3137

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 04 / 21 / 2008

Transaction ID: 15361887

Amount of Each Receipt this Period 250.00

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

Mailing Address 2000 N. 8th St.

City Mcallen State TX Zip Code 78501-2263

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

Name of Employer Foot Center of McAllen Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2008

Transaction ID: 15361894

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 72
(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. Kathryn Riffe

Mailing Address 5000 Honeysuckle Dr.

City Milan State TN Zip Code 38358-6440

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: 04 / 21 / 2008
Transaction ID: 15361908
Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 519 S. Van Buren Rd. #D

City Eden State NC Zip Code 27288-5015

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: 04 / 24 / 2008
Transaction ID: 15370963
Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address 751 Little John Cir.

City Gainesville State GA Zip Code 30501-2025

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

Name of Employer Gainesville Podiatry Clinic Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 24 / 2008
Transaction ID: 15370964
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 72

(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. Todd A. Harrison

Mailing Address 18819 Fountain Ter.

City State Zip Code
Hagerstown MD 21742-2670

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: 15377120

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kash K. Siepert

Mailing Address 2300 Stewart Pkwy.

City State Zip Code
Roseburg OR 97470-1597

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 15377122

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dr. G. Trent Smith

Mailing Address 7013 N. Spoon Ter.

City State Zip Code
Edmond OK 73003-1871

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 8

Transaction ID: 15386860

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 72
(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. Barry M. Rodgveller
Mailing Address 6 Burrell Ln.
City Rancho Palos Verde State CA Zip Code 90275-5074
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 04 / 29 / 2008
Transaction ID: 15394232
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul E. Tipton
Mailing Address 159 Westwind Rd.
City Louisville State KY Zip Code 40207-1545
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 04 / 29 / 2008
Transaction ID: 15394233
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Vivian S. Rodes
Mailing Address 3050 Harrodsburg Rd #201
City Lexington State KY Zip Code 40503-2747
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 04 / 29 / 2008
Transaction ID: 15394234
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 72

(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. Chester A. Nava, Jr.

Mailing Address 1130 Gilliland Rd.

City State Zip Code
Louisville KY 40245-4034

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 15394235

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Robert D. Leisten

Mailing Address 2620 Nottingham Blvd.

City State Zip Code
Houston TX 77005-2420

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

Name of Employer Self Employed 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
0 4 / 2 9 / 2 0 0 8

Transaction ID: 15394236

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert R. Miller

Mailing Address 1171 Auxier Ave.

City State Zip Code
Paintsville KY 41240-9319

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 15394237

Amount of Each Receipt this Period

100.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 72
(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. Thomas Charles Melillo

Mailing Address 22862 S.W. Saunders Dr.

City Sherwood State OR Zip Code 97140-8236

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

Name of Employer Westlake Podiatry Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2008

Transaction ID: 15394255

Amount of Each Receipt this Period 1000.00

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

Mailing Address 40 Avon Meadow Ln.

City Avon State CT Zip Code 06001-3753

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 04 / 29 / 2008

Transaction ID: 15394263

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Jimmy L. Gregory

Mailing Address 4319 Covington Hwy. #115

City Decatur State GA Zip Code 30035-1206

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 04 / 24 / 2008

Transaction ID: 15395929

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 72

(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

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. Dale Mark Rosenblum

Mailing Address 13081 Lariat Ln.

City State Zip Code
Santa Ana CA 92705-2244

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 8

Transaction ID: 15395942

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Larry J. Cohen

Mailing Address 1110 Harvest Wood

City State Zip Code
San Antonio TX 78258-3809

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

Name of Employer Self Employed 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
0 4 / 2 8 / 2 0 0 8

Transaction ID: 15395947

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Keith A. Turlington

Mailing Address 10000 Watson Rd. #2R

City State Zip Code
Crestwood MO 63126-1854

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 8

Transaction ID: 15395951

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 52 / 72	
	(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. Patricia Eileen Cain		Date of Receipt	
Mailing Address 1414 S.E. Oak St.		M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8	
City	State	Zip Code	Transaction ID: 15395953
Portland	OR	97214-1430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	500.00
Name of Employer Oregon City Foot Clinic	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	55800.00

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

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

FOR LINE NUMBER: PAGE 53 / 72
(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)
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 ▼ 2670.41

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 8

Transaction ID: 15347629

Amount of Each Receipt this Period
1372.94

Transfer Funds for Federal Operating Expenses

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

Mailing Address 100 Light St., 19th Floor

City State Zip Code
Baltimore MD 21202-1036

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

Name of Employer Occupation
Citigroup Global Markets, Inc. Investment Firm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1595.41

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 0 8

Transaction ID: 15348780

Amount of Each Receipt this Period
261.50

Interest, Dividends, Capital Gains Distributions

SUBTOTAL of Receipts This Page (optional) ► **1634.44**

TOTAL This Period (last page this line number only) ► **1634.44**

**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) Nancy Pelosi For Congress</p> <p>Mailing Address Attn Rachel Fischetti 430 S. Capitol St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08</p>	<p>Transaction ID: 15238653 Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address P.O. Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30</p>	<p>Transaction ID: 15238654 Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Kent Conrad</p> <p>Mailing Address PO BOX 812</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Kent Conrad</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" 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: ND District:</p>	<p>Transaction ID: 15238655 Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

11500.00

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) Hatch Election Committee <hr/> Mailing Address 175 SOUTH WEST TEMPLE SUITE 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement <hr/> Candidate Name Orrin G. Hatch <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15238656 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 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) Friends Of Rosa DeLauro <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Rosa L. DeLauro <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15238657 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Patrick Kennedy <hr/> Mailing Address PO BOX 321 <hr/> City PAWTUCKET State RI Zip Code 02862 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Patrick J. Kennedy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15238658 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	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)

PAGE 56 / 72

<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) Rob Bishop For Congress</p> <p>Mailing Address PO Box 2004</p> <p>City Bringham City State UT Zip Code 84302</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Robert Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 01</p>	<p>Transaction ID: 15338395 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	4	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	4	/	2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Friends Of Farr</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17</p>	<p>Transaction ID: 15338400 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	4	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	4	/	2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address 677 South 200 West Suite A</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02</p>	<p>Transaction ID: 15338402 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	4	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	4	/	2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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**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) Cummings For Congress Campaign Committee</p> <p>Mailing Address PO Box 1631</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Elijah E. Cummings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 07</p>	<p>Transaction ID: 15338403 Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Knollenberg For Congress Committee</p> <p>Mailing Address 31000 Telegraph Road #110</p> <p>City Bingham Farms State MI Zip Code 48025</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Joe Knollenberg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 09</p>	<p>Transaction ID: 15338404 Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Jim Marshall</p> <p>Mailing Address 586 Orange St.</p> <p>City Macon State GA Zip Code 31201</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Jim Marshall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 03</p>	<p>Transaction ID: 15338405 Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Committee To Re-Elect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15338407</p> <p>Date of Disbursement MM / DD / YYYY 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hastings For Congress</p> <p>Mailing Address P.O. Box 9352 P.O. Box 9352</p> <p>City Ft. Lauderdale State FL Zip Code 33310</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Alcee L. Hastings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15338408</p> <p>Date of Disbursement MM / DD / YYYY 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 45706</p> <p>City Philadelphia State PA Zip Code 19149</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Allyson Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15338409</p> <p>Date of Disbursement MM / DD / YYYY 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

A.	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For Us Congress	Transaction ID: 15338410 Date of Disbursement
	Mailing Address 3729 Silsby Rd	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City University Heights State OH Zip Code 44118	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Stephanie Tubbs Jones	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Walter Jones For Congress Committee	Transaction ID: 15338411 Date of Disbursement
	Mailing Address PO Box 99667	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27624	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Walter B. Jones, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ken Calvert For Congress	Transaction ID: 15338412 Date of Disbursement
	Mailing Address PO Box 20123	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Riverside State CA Zip Code 92516	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Ken Calvert	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 44	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee</p> <p>Mailing Address P.O. Box 851232</p> <p>City Mobile State AL Zip Code 36685</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Jo Bonner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 01</p>	<p>Transaction ID: 15338413 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	4	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	4	/	2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) John Lewis For Congress</p> <p>Mailing Address 1520 Pinehurst Drive Sw</p> <p>City Atlanta State GA Zip Code 30311</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 05</p>	<p>Transaction ID: 15353885 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	1	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	1	/	2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Boyd for Congress Committee</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317-5703</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 02</p>	<p>Transaction ID: 15353886 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	1	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	1	/	2	0	0	8													
1000.00																						

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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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 Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Udall for Colorado</p> <p>Mailing Address 8690 Wolff Court #200</p> <p>City Westminster State CO Zip Code 80031</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Mark Udall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15353887 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	2	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	2	/	2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee</p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15353888 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	2	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	2	/	2	0	0	8													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX 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: 15353895 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td>/</td><td>2</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	1	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	1	/	2	0	0	8													
1000.00																						

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

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

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FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee	Transaction ID: 15353909 Date of Disbursement
	Mailing Address PO Box 36831	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Charlotte State NC Zip Code 28236	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Melvin Watt	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 15353925 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael A. Ross	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Charlie Dent For Congress	Transaction ID: 15356385 Date of Disbursement
	Mailing Address PO Box 442	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Charles Dent	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
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<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) Reed Committee '08</p> <p>Mailing Address PO Box 8628</p> <p>City Cranston State RI Zip Code 02920</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Jack Reed</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: RI District:</p>	<p>Transaction ID: 15394512 Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. For Congress</p> <p>Mailing Address Post Office Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Charles Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 07</p>	<p>Transaction ID: 15394514 Date of Disbursement 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bachus For Congress</p> <p>Mailing Address Po Box 59444</p> <p>City Birmingham State AL Zip Code 35259</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Spencer Bachus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District: 06</p>	<p>Transaction ID: 15394543 Date of Disbursement 04 / 29 / 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) ▶

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FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee</p> <p>Mailing Address P. O. Box 1973</p> <p>City St. Petersburg State FL Zip Code 33731</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. C.W. Bill Young</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 10</p>	<p>Transaction ID: 15394549 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	8													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Baucus Johnson Victory Fund</p> <p>Mailing Address 236 Massachusetts Ave., NE Suite 603</p> <p>City Washignton State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Baucus Johnson Victory Fund</p> <p>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:</p>	<p>Transaction ID: 15394553 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	8													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 03</p>	<p>Transaction ID: 15394558 Date of Disbursement <table border="1" style="width: 100%;"> <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>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	8													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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**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) Hinojosa for Congress	Transaction ID: 15394561 Date of Disbursement 04 / 29 / 2008
	Mailing Address 311 North 15th Street	Amount of Each Disbursement this Period 1000.00
	City McAllen State TX Zip Code 78501	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Ruben Hinojosa	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Lee Terry For Congress	Transaction ID: 15394563 Date of Disbursement 04 / 29 / 2008
	Mailing Address P.O. Box 540098	Amount of Each Disbursement this Period 1000.00
	City Omaha State NE Zip Code 68154	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Lee Terry	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) McCotter Congressional Committee	Transaction ID: 15394564 Date of Disbursement 04 / 29 / 2008
	Mailing Address P.O. Box 530788	Amount of Each Disbursement this Period 1000.00
	City Livonia State MI Zip Code 48153	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Thaddeus G. McCotter	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11	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) Cannon For Congress Mailing Address 190 W 800 N Ste. 100 City Provo State UT Zip Code 84601 Purpose of Disbursement Candidate Name Rep. Christopher Cannon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15394565 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 426 C Street, NE, Rear Building City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Searchlight Leadership Fund 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) ▼	Transaction ID: 15394569 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) Friends of Lipinski Mailing Address 5838 S. Archer Avenue City Chicago State IL Zip Code 60638 Purpose of Disbursement Candidate Name Mr. William O. Lipinski Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 15394571 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8	Amount of Each Disbursement this Period 1000.00

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) Ros-Lehtinen For Congress <hr/> Mailing Address P O Box 52-2784 Suite 100 <hr/> City Miami State FL Zip Code 33152 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Ileana Ros-Lehtinen <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: 18	Transaction ID: 15394572 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 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) Lofgren For Congress <hr/> Mailing Address 50 W. San Fernando Ste. 350 <hr/> City San Jose State CA Zip Code 95113 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Zoe Lofgren <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: 16	Transaction ID: 15394574 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 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) Michaud For Congress <hr/> Mailing Address 213 Lisbon Street <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Michael H. Michaud <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: ME District: 02	Transaction ID: 15394575 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 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; font-weight: bold;">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)

<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) Citizens For Harkin	Transaction ID: 15394577 Date of Disbursement 04 / 29 / 2008
	Mailing Address P O Box 811	Amount of Each Disbursement this Period 1500.00
	City Des Moines State IA Zip Code 50304	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Tom Harkin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	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 Corrine Brown	Transaction ID: 15394578 Date of Disbursement 04 / 29 / 2008
	Mailing Address 3109 River Bend Court D-102	Amount of Each Disbursement this Period 1000.00
	City Laurel State MD Zip Code 20724	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Corrine Brown	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee	Transaction ID: 15394579 Date of Disbursement 04 / 29 / 2008
	Mailing Address Post Office Box 2145	Amount of Each Disbursement this Period 1000.00
	City West Columbia State SC Zip Code 29171	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Joe Wilson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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

<p>A. Full Name (Last, First, Middle Initial) Doggett For Us Congress</p> <p>Mailing Address PO Box 5843</p> <p>City Austin State TX Zip Code 78763</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Lloyd Doggett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 25</p>	<p>Transaction ID: 15394583 Date of Disbursement: 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Maloney For Congress</p> <p>Mailing Address 49 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Carolyn B. Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 14</p>	<p>Transaction ID: 15394585 Date of Disbursement: 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Sherman For Congress</p> <p>Mailing Address 555 South Flower Street Suite 4510</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Brad Sherman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 27</p>	<p>Transaction ID: 15394586 Date of Disbursement: 04 / 29 / 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)

PAGE 70 / 72

<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) Udall for Colorado		Transaction ID: 15394594	
	Mailing Address 8690 Wolff Court #200		Date of Disbursement 04 / 29 / 2008	
	City Westminster	State CO	Zip Code 80031	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011	
	Candidate Name Rep. Mark Udall		Category/ Type	
	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: CO	District: 02		

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

69500.00

**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)

PAGE 71 / 72

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

Mr. Ajitha K. Nair

Mailing Address 2801 College Ave. #15

City Berkeley State CA Zip Code 94705-2141

Purpose of Disbursement
Returned Check - Insufficient Funds

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 15346824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Returned Check - Insufficient Funds

SUBTOTAL of Disbursements This Page (optional) ►

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 72 / 72

<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 Political Action Committee

A.

Full Name (Last, First, Middle Initial)

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: 15347630

Date of Disbursement

04 / 18 / 2008

Amount of Each Disbursement this Period

1372.94

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

1372.94

TOTAL This Period (last page this line number only)

1372.94