

# 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 08 01 2008 through 08 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Barney Greenberg, DPM

Signature of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM Date 09 19 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		322669.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	370949.04									
(c) Total Receipts (from Line 19) .....	44160.00	371206.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	415109.04	693875.45								
7. Total Disbursements (from Line 31) .....	8391.00	287157.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	406718.04	406718.04								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22725.00	224642.12
(i) Itemized (use Schedule A) .....	20435.00	141298.15
(ii) Unitemized .....	43160.00	365940.27
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	1000.00	1000.00
(c) Other Political Committees (such as PACs) .....	44160.00	366940.27
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	4265.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	44160.00	371206.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44160.00	371206.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	2670.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	2670.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	277750.00
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 .....	2000.00	2801.00
(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)) .....	2000.00	2801.00
29. Other Disbursements.....	3891.00	3936.00
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))..	8391.00	287157.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8391.00	287157.41

**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 .....	44160.00	366940.27
34. Total Contribution Refunds (from Line 28(d)) .....	2000.00	2801.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42160.00	364139.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2670.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	2670.41

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 32

(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. Michael Morrill

Mailing Address 3200 Penbroke Pl.

City State Zip Code  
Lexington KY 40509-2016

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

Name of Employer Occupation  
Family Foot Care 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 8 / 0 1 / 2 0 0 8

Transaction ID: 15770091

Amount of Each Receipt this Period

300.00

**B.**

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

Mailing Address 4701 Brittany Trail Dr.

City State Zip Code  
Champaign IL 61822-3549

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

Name of Employer Occupation  
Christie Clinic Associates Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 15770093

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Debra J. Lusk

Mailing Address 6255 Park West Dr.

City State Zip Code  
Beaumont TX 77706-7637

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

Name of Employer Occupation  
Podiatry Associates of S.-E. TX Podiatric Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: 15770096

Amount of Each Receipt this Period

500.00

**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 7 / 32  
(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. Kirk A. Koepsel

Mailing Address 327 Pebblebrook Dr.

City State Zip Code  
Seabrook TX 77586-6010

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

Name of Employer: Bay Area Podiatry Associates   Occupation: Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 08 / 01 / 2008  
**Transaction ID: 15770098**  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kirk A. Koepsel

Mailing Address 327 Pebblebrook Dr.

City State Zip Code  
Seabrook TX 77586-6010

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

Name of Employer: Bay Area Podiatry Associates   Occupation: Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt: 08 / 01 / 2008  
**Transaction ID: 15770099**  
 Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William L. Pierce

Mailing Address 4810 Sandcherry Dr.

City State Zip Code  
Champaign IL 61822-3305

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

Name of Employer: Christie Clinic Associates   Occupation: Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 01 / 2008  
**Transaction ID: 15770100**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 500.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 32  
(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. Leonard Wisotsky

Mailing Address 4412 Jensen Pl.

City State Zip Code  
Fairfax VA 22032-1718

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  
08 / 01 / 2008

**Transaction ID:** 15770101

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Rae Louise Lantsberger

Mailing Address 6417 S.E. 49th Ave.

City State Zip Code  
Portland OR 97206-6914

FEC ID number of contributing federal political committee. C

Name of Employer Gresham Foot Clinic      Occupation Podiatric Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 15770102

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Don H. Steinfeld

Mailing Address 109 Main St.

City State Zip Code  
Farmingdale NJ 07727-1411

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  
08 / 01 / 2008

**Transaction ID:** 15770103

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 700.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32  
(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><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Patrick J. Nunan</p> <p>Mailing Address 5840 Winged Foot Dr.</p> <p>City State Zip Code West Chester OH 45069-1961</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></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 ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 01 / 2008</span></p> <p><b>Transaction ID:</b> 15770105</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Michael Joseph Cornelison</p> <p>Mailing Address 131 Anne Way</p> <p>City State Zip Code Los Gatos CA 95032-4010</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Cupertino Podiatry      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 ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 01 / 2008</span></p> <p><b>Transaction ID:</b> 15770107</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jonathan A. Haber</p> <p>Mailing Address 7 Aspen Dr.</p> <p>City State Zip Code North Caldwell NJ 07006-4555</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></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 ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 01 / 2008</span></p> <p><b>Transaction ID:</b> 15770109</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1050.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 10 / 32  
(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. Timothy C. Ford

Mailing Address 4000 Hope Ct.

City State Zip Code  
Louisville KY 40220-2231

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

Name of Employer Self Employed Occupation  
Self Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 15770110

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas K. Albert

Mailing Address 138 Oak Ln.

City State Zip Code  
Fleetwood PA 19522-9035

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

Name of Employer Self Employed Occupation  
Self Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 15770111

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kirk Geter

Mailing Address 2041 Georgia Ave. N.W.

City State Zip Code  
Washington DC 20060-0001

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

Name of Employer Self Employed Occupation  
Self Employed Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 15770112

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 32  
(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. Richard Gosnay

Mailing Address 19 Marc Rd.

City Danbury State CT Zip Code 06810-8262

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

Name of Employer W. CT Podiatry Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 15770114

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Paula Rangellis-Irvin

Mailing Address 131 Blair Ct

City Waynesburg State PA Zip Code 15370-8277

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

Name of Employer Self Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 15770117

Amount of Each Receipt this Period 300.00

**C.**

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

Mailing Address 31 Blair Ct.

City Waynesburg State PA Zip Code 15370-8246

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

Name of Employer Greene Podiatry Associates Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 15770118

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 12 / 32  
(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. Darrin Lowe

Mailing Address 1806 San Ramon Ave.

City State Zip Code  
Berkeley CA 94707-1630

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

Name of Employer Occupation  
W. County Family Foot Center Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 15770119

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Neil R. Kelley

Mailing Address 1730 Main St.

City State Zip Code  
Fortuna CA 95540-2451

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  
08 / 01 / 2008

**Transaction ID:** 15770120

Amount of Each Receipt this Period  
500.00

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

Mailing Address Falmouth Podiatry  
342A Gifford St.

City State Zip Code  
Falmouth MA 02540-2948

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

Name of Employer Occupation  
Falmouth Podiatry Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 15770133

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 13 / 32  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Bruce P. Theall		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 68 Wedgewood Ave.		<b>Transaction ID:</b> 15770138
	City Montville	State NJ	Zip Code 07045-9031
	FEC ID number of contributing federal political committee. <b>C</b>		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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Richard L. Evans		Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 39755 Murrieta Hot Springs Rd. #D1		<b>Transaction ID:</b> 15771617
	City Murrieta	State CA	Zip Code 92563-9110
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John C. Roseman, Jr.		Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 13628 Sousa St.		<b>Transaction ID:</b> 15771619
	City North Lawrence	State OH	Zip Code 44666-9766
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 32  
(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 C. Mott

Mailing Address 12409 N. Copper Queen Way

City State Zip Code  
Tucson AZ 85755-8934

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2008

**Transaction ID:** 15786857

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Leslie S. Aufseeser

Mailing Address 11 Meadows Ln.

City State Zip Code  
Ocean NJ 07712-3479

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  
08 / 05 / 2008

**Transaction ID:** 15790261

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James Fong

Mailing Address 2313 Agostino Dr.

City State Zip Code  
Rowland Heights CA 91748-4360

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

Name of Employer Kaiser Permanente Southern CA Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 15790262

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**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 / 32  
(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. Stephen Vincent Wilkinson

Mailing Address 1229 Hudson Rd.

City State Zip Code  
Cambridge MD 21613-3237

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  
08 / 05 / 2008

**Transaction ID:** 15790263

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Donald James Carlson

Mailing Address 711 N.W. 6th St.

City State Zip Code  
Pendleton OR 97801-1319

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

Name of Employer  
Hermiston Family Foot Clinic

Occupation  
Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2008

**Transaction ID:** 15792596

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Frederick N. Fedorchak

Mailing Address 12936 Tyler St.

City State Zip Code  
Crown Point IN 46307-9218

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  
08 / 11 / 2008

**Transaction ID:** 15793177

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**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 / 32

(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. Jennifer M. Kern

Mailing Address 209 Crickentree Dr.

City State Zip Code  
Blythewood SC 29016-8714

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

Name of Employer Occupation  
Lexington Medical Park 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 8 / 1 1 / 2 0 0 8

Transaction ID: 15793179

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Sanford Mason

Mailing Address 140 Deere Park Ct.

City State Zip Code  
Highland Park IL 60035-5309

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 8 / 1 1 / 2 0 0 8

Transaction ID: 15797118

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. O. Dale Bagley

Mailing Address 8890 Brookdale Rd.

City State Zip Code  
Millville CA 96062-9620

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 8 / 1 2 / 2 0 0 8

Transaction ID: 15799449

Amount of Each Receipt this Period

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: PAGE 17 / 32

(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. Clint L. Vanlandingham

Mailing Address 273 Tomaro Trl.

City State Zip Code  
Poplar Bluff MO 63901-2154

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

Name of Employer Occupation  
Orthopaedic Center 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 8 / 1 3 / 2 0 0 8

Transaction ID: 15800592

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James E. Benedict

Mailing Address 1443 River Park Dr.

City State Zip Code  
Kent OH 44240-1613

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

Name of Employer Occupation  
Benedict Podiatry Group 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 8 / 1 3 / 2 0 0 8

Transaction ID: 15800607

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jon Todd Fitzgerald

Mailing Address Lake Oswego Foot Clinic  
543 S.W. 3rd St.

City State Zip Code  
Lake Oswego OR 97034-3067

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

Name of Employer Occupation  
Lake Oswego Foot Clinic 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 8 / 1 9 / 2 0 0 8

Transaction ID: 15814961

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 18 / 32  
(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. Brian Orahood

Mailing Address 250 N.W. River Park Pl.

City State Zip Code  
Canby OR 97013-8146

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

Name of Employer OR Foot Specialists Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 19 / 2008  
Transaction ID: 15814962  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John H. Buchan

Mailing Address 129 Willow Brook Way S.

City State Zip Code  
Delaware OH 43015-3860

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: 08 / 19 / 2008  
Transaction ID: 15814964  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gary Lee Unsdorfer

Mailing Address 4274 Red Tail Ct.

City State Zip Code  
Medina OH 44256-2718

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: 08 / 14 / 2008  
Transaction ID: 15819865  
Amount of Each Receipt this Period: 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 19 / 32  
(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 R. Droulette

Mailing Address 11304 Odell Farms Ct.

City State Zip Code  
Beltsville MD 20705-4106

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2008

**Transaction ID: 15819883**

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Brian K. Levy

Mailing Address 1 Main St. S.E.

City State Zip Code  
Brooklyn NY 11201-1039

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

Name of Employer Starrett City Podiatry Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2008

**Transaction ID: 15823586**

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 130 Zettwell Rd.

City State Zip Code  
Statesboro GA 30461-7093

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

Name of Employer Family Podiatry Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2008

**Transaction ID: 15823588**

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 32  
(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. Shane M. Hollawell

Mailing Address 1440 Garrett Dr.

City State Zip Code  
Wall Township NJ 07719-9647

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

Name of Employer: Orthopaedic Institute of Central Jersey  
Occupation: Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 08 / 25 / 2008  
**Transaction ID: 15823595**  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James Rolf Natwick

Mailing Address 1332 Waterford Rd.

City State Zip Code  
Woodbury MN 55125-2365

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

Name of Employer: Columbia Park Clinic  
Occupation: Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 08 / 25 / 2008  
**Transaction ID: 15823598**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles L. Mitchell

Mailing Address 1942 W. Wabansia Ave.

City State Zip Code  
Chicago IL 60622-1360

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

Name of Employer: Mitchell Foot & Ankle  
Occupation: Podiatric Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 08 / 25 / 2008  
**Transaction ID: 15823602**  
 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 21 / 32  
(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. Robert I. Shor

Mailing Address 10999 N.W. 13th Ct.

City State Zip Code  
Coral Springs FL 33071-8200

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

Name of Employer Self Employed  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2008

**Transaction ID:** 15833869

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Lisa M. DeTournay

Mailing Address DeTournay & Millar, DPM, P.A.  
12516 N. Kendall Dr.

City State Zip Code  
Miami FL 33186-1817

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

Name of Employer DeTournay & Millar, DPM, P.A.  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2008

**Transaction ID:** 15833871

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Ada V. Paolucci

Mailing Address Essington Podiatry Group  
1960 Essington Rd. #103

City State Zip Code  
Joliet IL 60435-1628

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

Name of Employer Essington Podiatry Group  
Occupation Podiatric Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2008

**Transaction ID:** 15833873

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 22 / 32  
(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. Thomas John Elardo

Mailing Address 6904 Maiden Ln.

City San Jose State CA Zip Code 95120-3227

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 08 / 21 / 2008

Transaction ID: 15834079

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark A. Schickler

Mailing Address 72 Intervale Rd.

City Bridgeport State CT Zip Code 06610-1014

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

Name of Employer Family Podiatry Center Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2008

Transaction ID: 15834084

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Russell J. Barone

Mailing Address 29 Glen Crest Dr.

City Arden State NC Zip Code 28704-3025

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

Name of Employer Hendersonville Podiatry Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 08 / 25 / 2008

Transaction ID: 15834091

Amount of Each Receipt this Period 275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 775.00

**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 / 32  
(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. Donald G. Hovancsek

Mailing Address 7520 Sandy Point Rd. N.E.

City Olympia State WA Zip Code 98516-9575

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 25 / 2008

**Transaction ID: 15834100**

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gary A. Raymond

Mailing Address Rd. 4 Box 148

City Hollidaysburg State PA Zip Code 16648-9262

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 08 / 25 / 2008

**Transaction ID: 15834104**

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Steven K. Bowen

Mailing Address 1645 Owen Dr.

City Fayetteville State NC Zip Code 28304-3425

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 08 / 25 / 2008

**Transaction ID: 15834107**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**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 / 32  
(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 H. Herbst

Mailing Address 972 Farm Haven Dr.

City State Zip Code  
Rockville MD 20852-4213

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  
08 / 25 / 2008

**Transaction ID:** 15834109

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Stephen E. Schwartz

Mailing Address 100 S. Doheny #218

City State Zip Code  
Los Angeles CA 90048-2926

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  
08 / 25 / 2008

**Transaction ID:** 15834111

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Paul Y. Han

Mailing Address 5772 Spinnaker Bay Dr.

City State Zip Code  
Long Beach CA 90803-6816

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  
08 / 26 / 2008

**Transaction ID:** 15834119

Amount of Each Receipt this Period  
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: PAGE 25 / 32  
(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. Mary Elizabeth Crane

Mailing Address 2601 N. Carroll Ave.

City State Zip Code  
Southlake TX 76092-3100

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  
08 / 26 / 2008

**Transaction ID:** 15834121

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Brian D. Gale

Mailing Address 2418 Coolidge Ave.

City State Zip Code  
Bismarck ND 58501-3873

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

Name of Employer Dakota Foot & Ankle Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2008

**Transaction ID:** 15846191

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard J. Traczyk

Mailing Address 1512 Two Bridge Dr.

City State Zip Code  
Edmond OK 73034-6336

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  
08 / 28 / 2008

**Transaction ID:** 15846192

Amount of Each Receipt this Period  
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: PAGE 26 / 32  
(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. Leonard Raymond LaRussa

Mailing Address 146 Briarwood Cir.

City State Zip Code  
Americus GA 31709-7943

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

Name of Employer Occupation  
Family Foot & Ankle Center 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 Y  
0 8 / 2 8 / 2 0 0 8

**Transaction ID:** 15846199

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kim M. Reichert

Mailing Address 141 Hickory Lake

City State Zip Code  
Belleville IL 62223-3441

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

Name of Employer Occupation  
Associated Foot Surgeons of Mascoutah Podiatric Physician

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

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

**Transaction ID:** 15846200

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joel L. Gellen

Mailing Address 16 Waldrof Ct.

City State Zip Code  
Brooklyn NY 11230-2422

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 Y  
0 8 / 2 7 / 2 0 0 8

**Transaction ID:** 15867081

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 27 / 32  
(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. Mark H. Sugar

Mailing Address 1604 Blue Meadow Rd.

City State Zip Code  
Rockville MD 20854-2622

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: 08 / 27 / 2008  
Transaction ID: 15867083  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Daniel F. Ryan

Mailing Address 16288 Birchwood Ln

City State Zip Code  
Brainerd MN 56401-8925

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: 08 / 29 / 2008  
Transaction ID: 15867094  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Harvey D. Lederman

Mailing Address 12 Biltmore Park

City State Zip Code  
Bloomfield CT 06002-2141

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

Name of Employer W. Hartford Podiatry Associates Occupation Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 22 / 2008  
Transaction ID: 15922215  
Amount of Each Receipt this Period: 0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$1000.00 This changes the YTD Total to \$1-000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**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 / 32  
(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)  
Texas POD MED ASSN

Mailing Address 918 Congress Ave. Ste. 200

City	State	Zip Code
Austin	TX	78701-2342

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	8

Transaction ID: 15922216

Amount of Each Receipt this Period

0.00
------

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$1000.00 This changes the YTD Total to \$0-.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	22725.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 32	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Texas Podiatric Medical Association Political Action Committee		Date of Receipt
	Mailing Address 918 Congress Ave. Ste. 200		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Austin	TX	78701
	FEC ID number of contributing federal political committee.		Transaction ID: 15821879
	Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="1000.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1000.00"/>	
			pac contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1000.00"/>

**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 30 / 32

<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)  
Financial Agent - Internal Revenue Service

Mailing Address

City Philadelphia State PA Zip Code

Purpose of Disbursement  
Federal Taxes  
Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 15808751  
Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

3709.00

Federal Taxes

SUBTOTAL of Disbursements This Page (optional) ▶

3709.00

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

3709.00

**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 31 / 32

<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 checked="" 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)  
Dr. Harvey D. Lederman

Transaction ID: 15821869  
Date of Disbursement

Mailing Address 12 Biltmore Park

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

City Bloomfield State CT Zip Code 06002-2141

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
refund of contribution 03-08

010
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

refund of contribution 03-08

State: District:

B.

Full Name (Last, First, Middle Initial)  
Texas POD MED ASSN

Transaction ID: 15821878  
Date of Disbursement

Mailing Address 918 Congress Ave. Ste. 200

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

City Austin State TX Zip Code 78701-2342

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
refund to state society for non-federal funds

010
-----

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

refund to state society for non-federal funds

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

2000.00
---------

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

2000.00
---------

**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 32 / 32

<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)  
Jeff Merkley for Oregon

Mailing Address PO Box 29136

City State Zip Code  
Portland OR 97296

Purpose of Disbursement  
Contribution to 2008 General Election

Candidate Name  
Jeff Merkley

Office Sought:  House  
 Senate  
 President

State: OR District:

Disbursement For: 2005  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 15840843

Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

2500.00

Contribution to 2008 General Election

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

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

2500.00