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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Х REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2007 0 1 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 02 13 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report Covering the Period: From:	01 2007	To: 0 1 3 1 2 0 0
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Yes 2007		250015.81
(b) Cash on Hand at Begining of Reporting Period	250015.81	
(c) Total Receipts (from Line 19)	81809.27	81809.27
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	331825.08	331825.08
Total Disbursements (from Line 31)	8168.91	8168.91
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	323656.17	323656.17
Debts and Obligations owed TO the committee (Itemize all on	0.00	
Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

м м 0 1

Report Covering the Period:

From:

0 1

2007

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м м 0 1 ^D 3 1

^Y 2007

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	53687.11	53687.11
(ii) Unitemized	27102.00	27102.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	80789.11	80789.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	80789.11	80789.11
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	1020.16	1020.16
8. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	81809.27	81809.27
Total Federal Receipts (subtract Line 18(c) from Line 19)	81809.27	81809.27

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUM Total This	I	COLUMN B Calendar Year-to-Date
I. Operating Expenditures:(a) Shared Federal/Non-Federal			
Activity (from Schedule H4	A	0.00	0.00
(i) Federal Share		0.00	0.00
(ii) Non-Federal Share		0.00	0.00
(b) Other Federal Operating		668.91	668.91
Expenditures(c) Total Operating Expenditu		000.01	
(add 21(a)(i), (a)(ii) and (b)	>	668.91	668.91
 Transfers to Affiliated/Other Pa Committees 	'	0.00	0.00
Contributions to Federal Candidates/Committees			
and Other Political Committees		7500.00	7500.00
 Independent Expenditure (use Schedule E) 		0.00	0.00
 Coordinated Expenditures Made Committees (2 U.S.C. 441a(d)) (use Schedule F) 		0.00	0.00
Loan Repayments Made		0.00	0.00
от пораутиенто масс			
Loans MadeRefunds of Contributions To:		0.00	0.00
(a) Individuals/Persons Other Than Political Committees		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 Contribution Refunds			
(add Lines 28(a), (b), and	c)) >	0.00	0.00
Other Disbursements		0.00	0.00
). Federal Election Activity (2 U.S	C 431(20))		
(a) Shared Federal Election Ad	tivity		
(from Schedule H6) (i) Federal Share		0.00	0.0
\		0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Pa			
With Federal Funds		0.00	0.00
(c) Total Federal Election Activ Lines 30(a)(i), 30(a)(ii) an	* `	0.00	0.00
I. Total Disbursements (add Line	21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 ar	d 30(c))	8168.91	8168.9
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) from Lin	e 30(a)(ii)	0100.01	0400.0
from Line 31)		8168.91	8168.9

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	80789.11	80789.11
 Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	80789.11	80789.11
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	668.91	668.91
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	668.91	668.91

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 52
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
۸۰۰	uinformation conied from such Departs and Ctate	monto mo	, not be cold or used by any nerve	13 14 15 16 17
or	y information copied from such Reports and State for commercial purposes, other than using the nar	me and add	from the sold of used by any person fress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. F	odiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Ms. Azar Dastgah			Date of Receipt
	Mailing Address 22309 Stevens Creek Blv	d.		01 01 2007
	City	State	Zip Code	Transaction ID: 13477977
	Cupertino	CA	95014-1038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Student	Occupation Student	١	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) R. Aida Kosak			Date of Receipt
	Mailing Address 30039 N. Waukegan Rd.	01 / 1 2007		
	City	State	Zip Code	Transaction ID: 13478088
	Lake Bluff	<u>IL</u>	60044-5400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	. ,	Occupation	1	
	Receipt For:	Student	Year-to-Date ▼	-
	Primary General	Aggregate		
	Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Thomas S. Godfryd			Date of Receipt
	Mailing Address 4988 Heather Point			01 03 7 2007
	City	State	Zip Code	Transaction ID: 13545814
	<u>Birmingham</u>	AL	35242-3950	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Dirmingham Bodiotry	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
s	JBTOTAL of Receipts This Page (optional)			2750.00
т.	This Period (last page this line number only	<i>γ</i>)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 7/52
	EMIZED RECEIPTS		or each category of the	(check only one)	44. 🗖 46
			Detailed Summary Page		11c 12 15 16 17
An	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso		
or		ame and add	dress of any political committee to	solicit contributions from su	ch committee.
\	NAME OF COMMITTEE (In Full)				
/	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
۸.	Full Name (Last, First, Middle Initial) Dr. Matthew G. Garoufalis			Date of Receipt	
	Mailing Address 1933 Hansom Ct.			0 1 0 3	2007
	City	State	Zip Code	Transaction ID: 135	47483
	Naperville	IL	60565-2629	Amount of Each Rece	
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Professional Foot Care Specialists	Occupation Podiatric	n Physician	7	
	Receipt For:		Year-to-Date ▼	1	
	Primary General		1000.00	1	
	Other (specify)		1000.00		
3.	Full Name (Last, First, Middle Initial) Dr. Glenn B. Gastwirth			Date of Receipt	
	Mailing Address 12401 Willow Green Ct.			0 1	2007
	City	State	Zip Code	Transaction ID: 135	49922
	Potomac	MD	20854-3044	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	С			1000.00
	Name of Employer American Podiatric Medical	Occupation			
	Association		Physician	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		1000.00		
).	Full Name (Last, First, Middle Initial) Dr. Seth A. Rubenstein			Date of Receipt	
	Mailing Address 1322 Pavilion Club Way			M M / D D / O 8	2007
	City	State	Zip Code	Transaction ID: 135	
	Reston	VA	20194-1338	Amount of Each Rece	
	FEC ID number of contributing federal political committee.	С			1000.00
	Name of Employer Fox Mill Foot & Ankle Cen-	Occupation			
	ter Receipt For:		Physician Year-to-Date ▼	-	
	Primary General	1.99.09410		1	
	Other (specify) ▼	0 0	1000.00		
s	UBTOTAL of Receipts This Page (optional)		·····		3000.00
т.	OTAL This Period (last page this line number on	lv)			
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 52 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
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Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Marc A. Lederman			Date of Receipt
	Mailing Address 6 Livingston Rd.			01 08 7 9 9 7
	City	State	Zip Code	Transaction ID: 13558306
	Collinsville	CT	06019-3050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Harvey D. Lederman			Date of Receipt
	Mailing Address 12 Biltmore Park	M M / D D / Y Y Y Y		
	-	01 08 2007		
	City	State	Zip Code	Transaction ID: 13558315
	Bloomfield	СТ	06002-2141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer W. Hartford Podiatry Asso-	Occupation		
	ciates		Physician Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	rear-to-Date V	1
	Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Steven Paul Abramow			Date of Receipt
	Mailing Address 76 Alpine Ct.			01 08 7 2007
	City	State	Zip Code	Transaction ID: 13558465
	Demarest	NJ	07627-2313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	ı	7
	Manhattan Podíatry Associates, P.C.		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		500.00	
				1
S	UBTOTAL of Receipts This Page (optional)			2000.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 9 / 52
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Λ	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Jonathan J. Lubitz			Date of Receipt
	Mailing Address 2605 Charleston Oaks			01 08 2007
	City	State	Zip Code	Transaction ID: 13558472
	Mobile	AL	36695-2522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Marc R. Bernbach			Date of Receipt
	Mailing Address 126 Burr Hall Rd.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13614312
	Middlebury	CT	06762-1403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Waterbury Podiatry Consul-	Occupation Podiatric	n Physician	
	tants Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Joel A. Kowski			Date of Receipt
	Mailing Address 1104 wilson ave	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13619376
	Menomonie	WI	54751-2851	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Foot & Ankle Clinic, LLP	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼			1
s	UBTOTAL of Receipts This Page (optional)			1250.00
_	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 52
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D " . D		
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Dennis W. Leveille			Date of Receipt
	Mailing Address 800 5th Ave. S.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 13619416
	Escanaba	MI	49829-3607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:		Year-to-Date V	
	Primary General	riggrogato	Total to Bate V	1
	Other (specify) ▼		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Larry E. Greiner			Date of Receipt
	Mailing Address 3713 S. High St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13619424
	Columbus	ОН	43207-4011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation		
			Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1000.00	
	Other (specify)	0 0	1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Melvin Bernard Price			Date of Receipt
	Mailing Address 5130 44th St. W.			M M / D D / Y Y Y Y
				01 08 2007
	City	State	Zip Code	Transaction ID: 13619425
	Bradenton	FL	34210-2970	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Riverview Foot and Ankle	Occupation	1	
	Specialists	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	300.00	
_				
				1550.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	1000.00
1				

C				FOR LINE NUMBER: PAGE 11 / 52
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	ntomonte may	rnot ha cold or used by any pare	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
<u>Z</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. K. Michael Krajick			Date of Receipt
	Mailing Address 16 Pine Ave.			01 08 2007
	City	State	Zip Code	Transaction ID: 13619428
	Cohoes	NY	12047-5036	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		7
			Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼	' '	250.00	11
	Other (specify)	0 0	0 0 0 0 0 0 0	1
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James M. Flynn			Date of Receipt
Ь.	Mailing Address 10218 Mantle Ct.	M M / D D / Y Y Y Y		
	To 2 to Warting Ot.	01 11 2007		
	City	State	Zip Code	Transaction ID: 13619452
	Oklahoma City	OK	73162-4437	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer	Occupation	ı	7
	Self-Employed	Podiatric	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		200.00	1
_	Full Name (Last, First, Middle Initial)			
Ú.	Dr. James Q. McClelland			Date of Receipt
	Mailing Address 2002 12th Ave N.W. #	F		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 13619453
	Ardmore	OK	73401-1206	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Self-Employed	Occupation		7
			Physician	_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General	'''	250.00	11
	Other (specify)			1
_	IIPTOTAL of December This Boss (antional)			750.00
\vdash	UBTOTAL of Receipts This Page (optional)			

91	CHEDIII E A /EEC Form 3V)			FOR LINE NUMBER: PAGE 12/52
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee t	o solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
	,	,		
•	Full Name (Last, First, Middle Initial)			
A.	Dr. Kent L. Magrini			Date of Receipt
	Mailing Address 302 Brownwood Estate			M M / D D / Y Y Y Y Y
		0	7: 0 1	01 11 2007
	City	State	Zip Code	Transaction ID: 13619458
	Fort Smith	AR	72916-4029	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	0		
	Name of Employer	Occupation	า	\dashv
	Name of Employer Foot Health Center		Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 - 3		
	Other (specify)		500.00	
	Full Name (Last, First, Middle Initial)			
В.	Dr. Steven A. Maffei			Date of Receipt
	Mailing Address 1 Meadowlark Ln.		M M / D D / Y Y Y Y	
				01 11 2007
	City	State	Zip Code	Transaction ID: 13619462
	Franklin Park	NJ	08823-1809	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			255.55
	Name of Employer	Occupation	า	\dashv
	Self-Employed		Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 99. 19	1 1 1 1 1 1 1	7
	Other (specify) ▼		250.00	
				-
	Full Name (Last, First, Middle Initial)			
C.	Dr. John E. Morehead			Date of Receipt
	Mailing Address 6666 S. 76th E. Ave.			M M / D D / Y Y Y Y
	<u></u>			01 10 2007
	City	State	Zip Code	Transaction ID: 13619473
	Tulsa	OK	74133-1835	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.	9		
	Name of Employer Self-Employed	Occupation	1	_
	Self-Employed 1		Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	72 0		7
	Other (specify) ▼		500.00	
	<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			1250.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 52
	EMIZED RECEIPTS		or each category of the	(check only one)
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Ar	ny information copied from such Reports and Stater	nents may	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	ne and add	ress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc. Po	odiatry P	olitical Action Committee	
_	Full Name (Last, First, Middle Initial)			
Α.	Dr. Carolyn Kay Stansberry			Date of Receipt
	Mailing Address Queen City Medical Cente 1420 N. 10th St.	r		01 10 2007
	City	State	Zip Code	Transaction ID: 13619477
	Spearfish	SD	57783-1532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Queen City Medical Center	Occupation	1	7
	Queen City Medical Center	odiatric	Physician	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	1
	Other (specify)	1 1		1
— В.	Full Name (Last, First, Middle Initial) Dr. Troy James Boffeli			Date of Receipt
	Mailing Address 2648 Town Lake Dr.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13619484
	Woodbury	MN	55125-8702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Colf Employed	Occupation		7
			Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Mark B. Saffer			Date of Receipt
	Mailing Address 3165 Gilbert Ridge Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13619488
	West Bloomfield	MI	48322-1836	Amount of Each Receipt this Period
	FEC ID number of contributing	<u></u>		250.00
	federal political committee.	С		250.00
	Midwoot Hoolth Contor	Occupation		
			Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Eugene R. Flaxman Mailing Address 2000 S. Ocean Blvd. #30 City Palm Beach FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Charles E. Keenan, Jr. Mailing Address 1590 3rd Ave. S.E. City Le Mars FEC ID number of contributing federal political committee. Name of Employer Floyd Valley Hospital Receipt For: Primary General Other (specify) General Other (specify)	State FL Occupation Podiatric Aggregate IA C Occupation Podiatric	Zip Code 33480-5212 Physician Year-to-Date ▼ 1000.00 Zip Code 51031-2763	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Dr. David James Maiani Mailing Address 3966 E. Ohio Match Rd. City Hayden FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 83835-7824 Physician Prear-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 13619502 Amount of Each Receipt this Period 250.00
SI	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number on	lv)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Gene J. Pusateri			Date of Receipt
	Mailing Address 33 Redfern Dr.			01 17 2007
	City	State	Zip Code	Transaction ID: 13619544
	Youngstown	OH	44505-1651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
3	Full Name (Last, First, Middle Initial) Dr. Michael J. King			Date of Receipt
-	Mailing Address 176 Sweet Farm Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13619545
	Portsmouth	RI	02871-1291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation	Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	1000.00	
) .	Full Name (Last, First, Middle Initial) Dr. Mark A. Majeski			Date of Receipt
	Mailing Address 701 Springfield Ave.			0 1 1 7 2 0 0 7
	City	State	Zip Code	Transaction ID: 13620662
	Pine Beach	NJ	08741-1237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
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5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
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Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Brad A. Toll			Date of Receipt
	Mailing Address 2411 Crofton Ln. #25			01 17 2007
	City	State	Zip Code	Transaction ID: 13620668
	Crofton	MD	21114-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	ո Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	cc. (opec)/ •	0 0	1 1 1 1 1 1 1	4
В.	Full Name (Last, First, Middle Initial) Dr. Stuart W. Kushel			Date of Receipt
	Mailing Address 10 Schalks Crossing Ro	M M / D D / Y Y Y Y		
				01 17 2007
	City	State	Zip Code	Transaction ID: 13620669
	Plainsboro	NJ	08536-1612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	-
	Self-Employed *		Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	1
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David Plotkin			Date of Receipt
	Mailing Address 162 Old Short Hills Rd.	M M / D D / Y Y Y Y Y O T T T T T T T T T T T T T T		
	City	State	Zip Code	Transaction ID: 13620671
	Short Hills	NJ	07078-2122	Amount of Each Receipt this Period
	FEC ID number of contributing		07070 2122	
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/52
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or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.				Date of Receipt
	Mailing Address 65 Hartman Rd.			01 17 2007
	City	State	Zip Code	Transaction ID: 13620674
	Newton Center	MA	02459-3035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
_	Other (specify) ▼	0 0	300.00	
Р	Full Name (Last, First, Middle Initial)			Date of Descript
В.	Dr. David J. Levine Mailing Address 63 Thomas Johnson Dr	· #C		Date of Receipt
	Mailing Address 65 Thomas Johnson Di	01 17 2007		
	City	State	Zip Code	Transaction ID: 13620682
	Frederick	MD	21702-4396	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Dr. George Vasiliadis			Date of Receipt
	Mailing Address 5489 Via Marina			01 17 2007
	City	State	Zip Code	Transaction ID: 13620683
	Williamsville	NY	14221-2839	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ambulatory Foot Care Ctr.	Occupation	1	
	ambulatory Foot Care Ctr. of Tonawanda		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	☐ Other (specify) ▼		200.00	1
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S	CHEDULE A (FEC Form 3X)		Llas saparata sabadula/		FOR LINE NUMBER: PAGE 18 / 52
	EMIZED RECEIPTS		Use separate schedule(or each category of the		(check only one)
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political commi	ittee to so	licit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D. P. L. D	No Partico de Alordo de Como de San		
\angle	American Podiatric Medical Assn., Inc.	Podiatry F	olitical Action Committ	tee 	
A.	Full Name (Last, First, Middle Initial) Dr. Michael A. Figura				Date of Receipt
	Mailing Address 5 Deerfield Ridge Rd.		01 17 2007		
	City	State	Zip Code		Transaction ID: 13620688
	Chesterfield	МО	63005-6201		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer County Podiatrists, Inc.	Occupation Podiatric	n Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.0	00	
	Other (specify)				
— В.	Full Name (Last, First, Middle Initial) Dr. Edward Fryman				Date of Receipt
	Mailing Address 34 Colgate Dr.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code		Transaction ID: 13620692
	Plainview	NY	11803-1804		Amount of Each Receipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.	<u>C</u>			20000
	Name of Employer Seaford Foot Care Center	Occupation	n Physician		
	Receipt For:		e Year-to-Date ▼		
	Primary General	7 iggi ogaic	1 1 1 1 1 1	-	
	Other (specify) ▼		250.0	00	
	Full Name (Last, First, Middle Initial)				
C.	Dr. Joseph H. Strickland				Date of Receipt
	Mailing Address 2990 Longbrooke Way				M M / D D / Y Y Y Y Y Y 1 N 2 0 0 7
	City	State	Zip Code		Transaction ID: 13623225
	Clearwater	FL	33760-1719		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Self-Employed	Occupation			
	Receipt For:		Physician e Year-to-Date ▼		
	Primary General	Aggregate	דו המו-נט-טמנפ ₹		
	Other (specify)		250.0	00	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		E 19/52	
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Δr	ny information conied from such Reports and St	atemente may	y not be sold or used by any nerso			
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such co	mmittee.	
	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Stuart A. Courtney			Date of Receipt		
	Mailing Address 3590 N. 45th Ave.	Ctata	7in Codo	0 1 1 8 Y	2007	
	City Hollywood	State FL	Zip Code 33021-2450	Transaction ID: 1362322		
	•	16	33021-2430	Amount of Each Receipt thi	s Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Self-Employed	Occupation Podiatric	n Physician			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify) ▼	0 0				
В.	Full Name (Last, First, Middle Initial) Dr. Carlos Hernandez-Ortiz			Date of Receipt		
	Mailing Address Urb. Quintas Del Norte 2nd Street	D-6		0 1 D D / Y	2007	
	City	State	Zip Code	Transaction ID: 1362322	7	
	Bayamon	PR	00961	Amount of Each Receipt thi	s Period	
	FEC ID number of contributing federal political committee.	C			275.00	
	Name of Employer Clinica Del Pie De Rio Ho-	Occupation				
	ndo Receipt For:		Physician Year-to-Date ▼			
	Primary General	Aggregate	: Teal-10-Date V			
	Other (specify) ▼	0 0	275.00			
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Ruth Ann Cooper			Date of Receipt		
	Mailing Address 4415 Aicholtz Rd. #200)		M M / D D / Y 0 1 2	2007	
	City	State	Zip Code	Transaction ID: 1362344	2	
	Cincinnati	OH	45245-1506	Amount of Each Receipt thi	s Period	
	FEC ID number of contributing federal political committee.	C			1000.00	
	Name of Employer Self-Employed	Occupation Podiatric	n Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General		1000.00			
	Other (specify) ▼	0 0	1000.00			
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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 52				
ITEMIZED RECEIPTS		or each category of the	(check only one)					
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Ar	ny information copied from such Reports and Stater	ments may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the name	ne and add	dress of any political committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Podiatric Medical Assn., Inc. Po	odiatry P	olitical Action Committee					
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey D. Korn			Date of Receipt				
	Mailing Address 5341 Outlook Point			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13623446				
	San Diego	CA	92124-1819	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Solf Employed	Occupation Podiatric	n Physician					
			Year-to-Date V					
	Primary General	7 199. 094.0		1				
	Other (specify)	0 0	250.00					
— В.	Full Name (Last, First, Middle Initial) Dr. Terry J. Boykoff			Date of Receipt				
	Mailing Address 3714 Park Colony Ct.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 13623447				
	Agoura Hills	CA	91301-3635	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1111.11				
	Santa Monica Podiatry Gro-	Occupation Podiatric	n Physician					
	υρ , I		Year-to-Date ▼					
	Primary General	1		1				
	Other (specify) ▼	0 0	1111.11					
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. William J. Beaton, Jr.			Date of Receipt				
	Mailing Address 283 104th Ave. #106			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13625714				
	Treasure Island	FL	33706-4828	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Solf Employed	Occupation Podiatric	n Physician					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	1 1	1000.00	1				
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 52
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Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions a solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
\angle				
Δ	Full Name (Last, First, Middle Initial) Dr. Mark S. Block			Date of Receipt
۸.	Mailing Address 660 Glades Rd. #120			M M / D D / Y Y Y Y
		01 19 2007		
	City	State	Zip Code	Transaction ID: 13625715
	Boca Raton	FL	33431-6466	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation		7
	Seil-Employed		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	1000.00	
	Other (specify)	0 0		.1
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Barney A. Greenberg			Date of Receipt
	Mailing Address 16283 Cayuga Cir.	01 19 2007		
	City	State	Zip Code	Transaction ID: 13625716
	Davie	FL	33331-2155	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation	1	7
	Podiatry Associates	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	J.
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Stuart L. Tessler			Date of Receipt
	Mailing Address 3 49th Ave.			0 1 2 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 13644741
	Isle Of Palms	SC	29451-2609	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			230.00
	Name of Employer Charleston Podiatry	Occupation	n Physician	7
		_		
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General		250.00	
	Other (specify) ▼	0 0	200.00	1
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 52
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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc	. Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Stuart L. Tessler Mailing Address 3 49th Ave. City Isle Of Palms FEC ID number of contributing federal political committee.	State SC	Zip Code 29451-2609	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 13644743 Amount of Each Receipt this Period 250.00
Name of Employer Charleston Podiatry Receipt For: Primary General Other (specify) ▼		n Physician e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. David Glen Wade Mailing Address 1804 Elmhurst Ave.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nichols Hills	State OK	Zip Code	Transaction ID: 13648380
FEC ID number of contributing federal political committee.	C	73120-4718	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: ☐ Primary General ☐ Other (specify) ▼		n Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Curtis W. Long Mailing Address 1047 Brevor Pl.			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Wa</u> lla Walla	State WA	Zip Code 99362-9381	Transaction ID: 13648382 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23/52		
ıт	EMIZED RECEIPTS	or each category of the		(check only one)		
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Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
\rangle	American Podiatric Medical Assn., Inc. F	Podiatry P	Political Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Mark Reiner			Date of Receipt		
	Mailing Address The Podiatry Group 637 E. Matthews	01 / 09 / Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13648383		
	Jonesboro	AR	72401-3145	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer The Podiatry Group	Occupation Podiatric	n Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Dr. Steven B. Geduldig			Date of Receipt		
	Mailing Address Foot Specialists 9119 W. 74th St. #352	0 1 1 7 2 0 0 7				
	City	State	Zip Code	Transaction ID: 13649167		
	Shawnee Mission	KS	66204-2236	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer	Occupation	n	\neg		
	Foot Specialists	Podiatric	Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			7		
	Other (specify) ▼		300.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David W. Powell			Date of Receipt		
	Mailing Address 11020 Upper Mt. Vernon	Rd.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13650208		
	Mount Vernon	IN	47620-9073	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	7		
	Receipt For:					
	Primary General	39. 394.0	······································	7		
	Other (specify) ▼		500.00			
s	UBTOTAL of Receipts This Page (optional)			1300.00		
\vdash						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 52
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.	information and them and Ch	-1		13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the i	name and add	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_
A.	Full Name (Last, First, Middle Initial) Dr. M. Diane Collier			Date of Receipt
	Mailing Address 800 N. Iroquois Ave.			01 17 2007
	City	State	Zip Code	Transaction ID: 13650216
	Dothan	AL	36303-3224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Alabama South Family Podi- atry	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Brooke V. Crowley			Date of Receipt
	Mailing Address 88 S. Howell Point Rd.	M M / D D / Y Y Y Y		
				01 17 2007
	City	State	Zip Code	Transaction ID: 13650225
	Bellport	NY	11713-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:	_	Year-to-Date V	_
	Primary General	, iggi ogalo		1
	Other (specify) ▼	0 0	250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Marc S. Bruell			Date of Receipt
•	Mailing Address 1145 Ryder Rd.			M M / D D / Y Y Y Y
				01 18 2007
	City	State	Zip Code	Transaction ID: 13651426
	Chesterton	IN	46304-3453	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Lakeshore Bone & Joint In-	Occupation		
	stitute Receipt For:		Physician Year-to-Date ▼	_
	Primary General	riggrogato	Tour to Bate V	1
	Other (specify) ▼		300.00	
<u> </u>	UBTOTAL of Receipts This Page (optional)			800.00
\vdash	CETOTAL OF HOOGING THIS Fago (optional)			
Т	OTAL This Period (last page this line number o	only)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 52 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	Inot be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)		·	
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Catherine Louise Yack			Date of Receipt
	Mailing Address 7847 Horseshoe Trl.			01 19 7 2007
	City	State	Zip Code	Transaction ID: 13652480
	Huntsville	AL	35802-3217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. J. Kenneth Durham			Date of Receipt
	Mailing Address 4813 Coachlight Ct.			0 1
	City	State	Zip Code	Transaction ID: 13652493
	Albany	GA	31721-9190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Albany Podiatry Associates	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. George V. Tsoutsouris			Date of Receipt
	Mailing Address 8441 Castle Dr.			0 1 2 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 13652814
	Munster	IN	46321-1933	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
1			· · · · · · · · · · · · · · · · · · ·	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 52
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficacy Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Lawrence R. Hufford			Date of Receipt
	Mailing Address 110 Main St.			01 26 2007
	City	State	Zip Code	Transaction ID: 13652817
	Hamilton	ОН	45013-3175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	•	Year-to-Date ▼	_
	Primary General	1.55.15		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert I. Garnet			Date of Receipt
	Mailing Address 18430 S. Dixie Hwy.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13652834
	Miami	FL	33157-6816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	7 .gg. 0ga.0		1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Stephen L. Moss			Date of Receipt
	Mailing Address 6240 Kipps Colony Ct. #	205		01 19 7 2007
	City	State	Zip Code	Transaction ID: 13652835
	Gulfport	FL	33707-3979	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	1	Year-to-Date ▼	
	Primary General	35 0		1
	Other (specify) ▼	1	250.00	
_				
s	UBTOTAL of Receipts This Page (optional)			750.00
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<u> </u>				FOR LINE NUMBER: PAGE 27 / 52
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
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or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	not be sold or used by any personers of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Christopher M. Englert			Date of Receipt
	Mailing Address 715 Lake Eloise Place [Or.		0 1 1 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 13652836
	Winter Haven	FL	33884-3410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Podiatry Center, P.A.	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
— В	Full Name (Last, First, Middle Initial) Dr. Thomas S. Matysik			Date of Receipt
٠.	Mailing Address 2246 Hwy. 44 W.			M M / D D / Y Y Y Y Y O T D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13652850
	Inverness	FL	34453-3808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed		Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Dennis R. Frisch			Date of Receipt
-	Mailing Address 1070 S.W. 19th St.			0 1 1 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 13652851
	Boca Raton	FL	33486-6830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Boca Raton Podiatry	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional))	800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 52 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
\setminus	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen D. Lasday Mailing Address W. Coast Podiatry Center			Date of Receipt
	Mailing Address W. Coast Podiatry Center 1611 53rd Ave. W.			01 19 2007
	City Bradenton	State FL	Zip Code 34207-2868	Transaction ID: 13652853 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer W. Coast Podiatry Center		Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. W. Christopher Fleming			Date of Receipt
	Mailing Address 5400 S.W. 28th Ave.			01 19 7 2007
	City	State	Zip Code	Transaction ID: 13652856
	<u>Ocala</u>	<u>FL</u>	34474-5845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed		Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Timothy Tillo			Date of Receipt
	Mailing Address 11808-2 San Jose Blvd.			01 19 2007
	City	State	Zip Code	Transaction ID: 13652857
	<u>Jacksonville</u>	<u>FL</u>	32223-1885	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation		
			Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 52
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Stephen M. Meritt			Date of Receipt
	Mailing Address 2636 Forest Point Ct.			01 19 7 2007
	City	State	Zip Code	Transaction ID: 13652859
	Jacksonville	FL	32257-5623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert Frimmel			Date of Receipt
	Mailing Address 7442 Paurotis Ct.			M M / D D / Y Y Y Y
	21.		7. 0.	01 19 2007
	City	State	Zip Code	Transaction ID: 13652860
	Sarasota	FL	34241-7116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederai politicai committee.			
	Name of Employer Sarasota Footcare Center	Occupation		
			Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (specify)	0 0	1 1 1 1 1 1 1	J.
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Marc B. Klein			Date of Receipt
	Mailing Address 22125 Martella Ave.			M M / D D / Y Y Y Y
				01 19 2007
	City	State	Zip Code	Transaction ID: 13652861
	Boca Raton	FL	33433-4661	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer The Garden Shops	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 30 / 52
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Roger Gary Beck			Date of Receipt
	Mailing Address 10104 Dorset Dr.			01 19 2007
	City	State	Zip Code	Transaction ID: 13652862
	Leesburg	FL	34788-3618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	-	Year-to-Date ▼	_
	Primary General	, iggi ogalo	Tour to Buto V	1
	Other (specify) ▼		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Cary M. Zinkin			Date of Receipt
	Mailing Address P.O. Box 4997			M M / D D / Y Y Y Y
				01 19 2007
	City	State	Zip Code	Transaction ID: 13652875
	Deerfield Beach	FL	33442-4997	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 າ	_
	Name of Employer Self-Employed		Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Elliott S. Lampert			Date of Receipt
	Mailing Address 1581 Brickell Ave. #702			01 19 7 2007
	City	State	Zip Code	Transaction ID: 13652880
	Miami	FL	33129-1234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	33. 233.0		1
	Other (specify)		250.00	
				1
	UBTOTAL of Receipts This Page (optional)			750.00
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<u> </u>				FOR LINE NUMBER: PAGE 31 / 52
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	or each category of the		
			Detailed Summary Page	
_				13 14 15 16 17
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Richard J. Egerman			Date of Receipt
	Mailing Address 11313 Seagrass Cir.			01 19 2007
	City	State	Zip Code	Transaction ID: 13652890
	Boca Raton	FL	33498-4920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050,00	7
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Joseph E. Kiefer			Date of Receipt
	Mailing Address 4561 Canopy Rd.			M M / D D / Y Y Y Y
		01 19 2007		
	City	State	Zip Code	Transaction ID: 13652891
	Pensacola	FL	32504-7801	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Gulf Coast Podiatry	Occupation	n	\neg
	Gulf Coast Podiatry	Podiatric	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		7
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			Data of Receipt
U.	Dr. Tyler B. Brahm Mailing Address 1950 Sever Dr.			Date of Receipt
	Mailing Address 1950 Sever Dr.			01 19 2007
	City	State	Zip Code	Transaction ID: 13652892
	Clearwater	FL	33764-4714	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:		e Year-to-Date ▼	\dashv
	Primary General	gg. ogate		7
	Other (specify)		250.00	
			1 1 1 1 1 1 1	-
1.				750.00
Ls	UBTOTAL of Receipts This Page (optional)			100.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32/52
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Steven M. Spinner			Date of Receipt
Mailing Address 1031 Coralina Ln.			01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13652906
Delray Beach	FL	33483-6792	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial)			Polari Positi
Dr. Roberta Giudice-Teller Mailing Address 2244 N.W. 9th Pl.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13652909
Gainesville	FL	32605-5202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer Self-Employed	Occupation		7
Receipt For:		Physician e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	600.00	
Full Name (Last, First, Middle Initial) Dr. Sheldon Willens			Date of Receipt
Mailing Address 2150 S. Ocean Blvd. #	3A		01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13652910
Delray Beach	FL	33483-6444	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1400.00
TOTAL This Period (last page this line number of	only)		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 / 52
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D. P. L. D	o Prince I. A. disease O consections	
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Mr. Michael I. Schwartz			Date of Receipt
	Mailing Address 410 N. Gadsden St.			01 19 2007
	City	State	Zip Code	Transaction ID: 13652911
	Tallahassee	FL	32301-1215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Florida Podiatric Medical	Occupation		7
	Assn.	Executive		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
		0 0	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Dr. Evelyn M. Cloud, IV			Date of Receipt
	Mailing Address 8211 Mar Del Plata St.	 F.		M M / D D / Y Y Y Y
				01 19 2007
	City	State	Zip Code	Transaction ID: 13652912
	<u>Jacksonville</u>	FL	32256-7349	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation	1	7
	Self-Employed 5	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Briant G. Moyles			Date of Receipt
٥.	Mailing Address 651 Franklyn Ave.			M M / D D / Y Y Y Y
	Walling Address 651 Franklyff Ave.			01 19 2007
	City	State	Zip Code	Transaction ID: 13652913
	Indialantic	FL	32903-4603	Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.	C		300.00
	Name of Employer Melbourne Podiatry Associ-	Occupation Podiatric	n Physician	
	ates Receipt For:		Year-to-Date ▼	_
	Primary General	39. 394.0		1
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 34 / 52 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Scarlett Ann Kinley			Date of Receipt
	Mailing Address 935 23rd Ave. N.			01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13652914
	Saint Petersburg	FL	33704-3225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Bay Area Foot & Ankle	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Linda L. Alexander			Date of Receipt
	Mailing Address 2376 Foxhaven Dr. W.			01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13652915
	<u>Jacksonville</u>	<u>FL</u>	32224-2010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Dr. Michael J. Ball			Date of Receipt
	Mailing Address 11858 N.W. 11th Pl.			01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13652916
	Coral Springs	FL	33071-5036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed		Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
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	NAME OF COMMITTEE (In Full)	D. P. L. F	Notice of April 200 April 200		
	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committ	tee	
Α.	Full Name (Last, First, Middle Initial) Dr. Bradley Don Beasley				Date of Receipt
	Mailing Address Metro Tulsa Foot & Ankl P.O. Box 268860	le Speciali	S		01 19 2007
	City	State	Zip Code		Transaction ID: 13652928
	Oklahoma City	OK	73126-8860		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Metro Tulsa Foot & Ankle Specialists	Occupation Podiatric	n : Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.0	00	
	Other (specify)	0 0	250.0	00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Kenneth E. Jacoby				Date of Receipt
	Mailing Address 4N 916 Middlecreek Ln.				01 19 2007
	City	State	Zip Code		Transaction ID: 13652937
	Saint Charles	IL	60175		Amount of Each Receipt this Period
	FEC ID number of contributing				250.00
	federal political committee.	C			250.00
	Name of Employer Elgin Foot Center	Occupation Podiatric	n : Physician		
	Receipt For:		e Year-to-Date ▼		
	Primary General		250.0	00	
	Other (specify)		250.0	00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Gregory T. Amarantos				Date of Receipt
•	Mailing Address 1291 Lawrence				01 19 2007
	City	State	Zip Code		Transaction ID: 13652943
	Lake Forest	IL	60045-3639		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Amarantos Foot Center	Occupatio	n : Physician		
	Receipt For:		-		
	Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		520.0	00	
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\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. James G. Strickland			Date of Receipt
	Mailing Address 439 Bay View Dr. N.E.			01 19 7 2007
	City	State	Zip Code	Transaction ID: 13652952
	Saint Petersburg	FL	33704-2404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		250.00	
			0 0 0 0 0 0 0	4
— В.	Full Name (Last, First, Middle Initial) Dr. Edward A. Fazekas			Date of Receipt
	Mailing Address 725 Butternut Pl.			M M / D D / Y Y Y Y
	720 Battornat 1 i.			01 19 2007
	City	State	Zip Code	Transaction ID: 13652953
	Lakeland	FL	33813-3608	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Self-Employed	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Bruce J. Levine			Date of Receipt
	Mailing Address 2521 Countryside Blvd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13652954
	Clearwater	FL	33763-1605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	
	Self-Employed	Podiatric	Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
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	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
\angle	•				
	Full Name (Last, First, Middle Initial)			5	
A.	Dr. William A. Harr			Date of Receipt	
	Mailing Address 205 Bally Shannon #50)2		01 19	2007
	City	State	Zip Code	Transaction ID: 136	
	Melbourne Beach	FL	32951-3141	Amount of Each Rec	
	FEC ID number of contributing	- 1		763	· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C			251.00
	Name of Francisco	0		_	
	Name of Employer Self-Employed	Occupation	n Physician		
	Receipt For:		Year-to-Date ▼		
	Primary General	7 1991 09410		1	
	Other (specify)		251.00		
				'	
	Full Name (Last, First, Middle Initial)				
В.	Dr. Barry J. Drossner			Date of Receipt	
	Mailing Address 3722 N.E. 200th St.			0 1 1 9	2007
	City	State	Zip Code	Transaction ID: 136	
	Aventura	FL	33180-3094	Amount of Each Rec	
	FEC ID number of contributing			7 1111001111 01 200111100	· · · · · ·
	federal political committee.	C			250.00
	Name of Franksia	10			
	Name of Employer Self-Employed	Occupation	n Physician		
	Receipt For:		Year-to-Date V	_	
	Primary General	7 1991 09410	Tour to Bate V	1	
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial)			5	
C.	Dr. Robert D. Siwicki			Date of Receipt	
	Mailing Address 4404 Windlake Dr.			01 19	2007
	City	State	Zip Code	Transaction ID: 136	
	Niceville	FL	32578-4813	Amount of Each Rec	
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	Name of Employer	Occupation	<u> </u>	-	
	Emerald Coast Podiatry Ce-		Physician		
	nter Receipt For:		Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼		250.00		
					751.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 52 (check only one) X 11a 11b 11c 12
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Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. William Joseph Namen, II			Date of Receipt
	Mailing Address 6936 Madrid Ave.			01 19 2007
	City	State	Zip Code	Transaction ID: 13652958
	<u>Jacksonville</u>	FL	32217-2681	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Beaches Foot & Ankle Clin- ic	Occupation Podiatric	ⁿ Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Scott N. Maling			Date of Receipt
	Mailing Address 853 W. Hemlock Way			0 1 2 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 13652969
	Chandler	AZ	85248-4346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Desert Foot & Ankle Center	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Mark Haas			Date of Receipt
	Mailing Address 1024 Tramway Ln. N.W.			0 1 2 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 13652974
	Albuquerque	NM	87122-1317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Albuquerque Associated Po-	Occupation		
	diatrists		Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 52
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Alan M. Singer			Date of Receipt
	Mailing Address 25955 Wellington Ct.			01 26 2007
	City	State	Zip Code	Transaction ID: 13652976
	Calabasas	CA	91302-3124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Podiatric	ո Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Oliver S. Foster			Date of Receipt
	Mailing Address Baldwin Hills Foot & An	kle Center		M M / D D / Y Y Y Y
	3756 Santa Rosalia Dr.			01 26 2007
	City	State	Zip Code	Transaction ID: 13652977
	Los Angeles	CA	90008-3606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		700.00
	Name of Employer Baldwin Hills Foot & Ankle	Occupation		
	Center		Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
	Cule. (cpss.ij) V	0 0		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Robert R. Bier			Date of Receipt
	Mailing Address 16 Monica Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13652978
	Edison	NJ	08820-3224	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation	<u> </u>	7
	Self-Employed ⁵	Podiatric	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	250.00	1
	Other (specify)		250.00	1
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\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Richard A. Bronfman			Date of Receipt
	Mailing Address AR Foot & Ankle Clinic 1417 W. 6th St.			01 26 7 2007
	City Little Rock	State AR	Zip Code	Transaction ID: 13652983
	FEC ID number of contributing federal political committee.	C	72201-2929	Amount of Each Receipt this Period 250.00
	Name of Employer AR Foot & Ankle Clinic		Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Howard M. Imanuel			Date of Receipt
	Mailing Address 7951 Gator Palm Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fort Myers	State FL	Zip Code 33912-6994	Transaction ID: 13652984 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33312-0334	250.00
	Name of Employer The Podiatry Center		Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
) .	Full Name (Last, First, Middle Initial) Dr. David Y. S. Yee			Date of Receipt
	Mailing Address 98-1425 D Kaahumanu S	St.		01 26 2007
	City Aiea	State HI	Zip Code 96701	Transaction ID: 13652985 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HI Foot Clinic	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Matthew L. Burrell			Date of Receipt
	Mailing Address 133 Rapputak Dr. Box 4	27		01 26 7 2007
	City	State	Zip Code	Transaction ID: 13652986
	Fryeburg	ME	04037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lake Podiatry, PA	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr. Dennis L. Turner			Date of Receipt
	Mailing Address 5 Wedgewood Way			M M / D D / Y Y Y Y
	o wedgewood way			01 26 2007
	City	State	Zip Code	Transaction ID: 13652988
	Scotch Plains	NJ	07076-2727	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	n	7
	Self-Employed ⁵	Podiatric	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	1	250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Kim G. Gauntt			Date of Receipt
	Mailing Address 16585 N.E. Fairview Dr.			0 1 2 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 13652990
	Dundee	OR	97115-9108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Foot Health Center of New-	Occupation	n Physician	
	berg Receipt For:		Year-to-Date ▼	\dashv
	Primary General	Ayyreyate	י ו כמו־וט־טמוכ ₹	,
		1 ' '	250.00	
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NAME OF COMMITTEE (In Full)		
American Podiatric Medical Assn., Inc. Pod	iatry Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Joseph M. Caporusso		Date of Receipt
Mailing Address 217 E. Yellowhammer		01 26 2007
City	tate Zip Code	Transaction ID: 13652996
Mcallen T	X 78504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	;	1000.00
Complete Edmily Foot Care	cupation diatric Physician]
	gregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)		Data of Davids
Dr. William H. Dabdoub		Date of Receipt
Mailing Address 100 Ayshire Ct.		01 28 2007
City	tate Zip Code	Transaction ID: 13653207
Slidell L	A 70461-5034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	,	1500.00
Name of Employer Oc Self-Employed	cupation	7
Self-Employed Po	diatric Physician	
	gregate Year-to-Date ▼	
Primary General	1500.00	
Other (specify) ▼	1300.00	
Full Name (Last, First, Middle Initial) Dr. Oliver S. Foster		Date of Receipt
Mailing Address Baldwin Hills Foot & Ankle C	Center	M M / D D / Y Y Y Y
3756 Santa Rosalia Dr. #302 City S	2 tate Zip Code	01 29 2007
-	CA 90008-3606	Transaction ID: 13653295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		300.00
Poldwin Hilld Foot & Anklo	cupation	1
Center	diatric Physician gregate Year-to-Date ▼	-
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	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Ronald D. Jensen			Date of Receipt
	Mailing Address Gould Medical Group 3612 Dale Rd.			01 30 2007
	City	State	Zip Code	Transaction ID: 13659446
	Modesto	CA	95356-0500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Gould Medical Group	Occupation Podiatric	n Physician	7
	Receipt For:		Year-to-Date ▼	\neg
	Primary General			7
	Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David M. Schofield			Date of Receipt
	Mailing Address 1734 Pinnacle Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13659740
	Elmira	NY	14905-1240	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation	า	
	Seli-Employed	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)	0 0	1000.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Kevin O'Reilly			Date of Receipt
	Mailing Address 1600 Marion Rd.			0 1
	City	State	Zip Code	Transaction ID: 13664424
	Redlands	CA	92374-6300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	7
	Receipt For:		Year-to-Date ▼	7
	Primary General	55 -5-11		7
	Other (specify) ▼		250.00	
	UBTOTAL of Receipts This Page (optional)			2250.00
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Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Scott M. Soulier			Date of Receipt
	Mailing Address 10281 S. 1000 W.			01 23 7 2007
	City	State	Zip Code	Transaction ID: 13664438
	South Jordan	UT	84095-8826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. John V. Simons			Date of Receipt
	Mailing Address 6321 Southwinds Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13666639
	North Little Rock	AR	72118-5201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	300.00	1
	Other (specify)		300.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Angela P. Dominique			Date of Receipt
	Mailing Address 6244 Dorsett Woods Dr.			01 25 7 2007
	City	State	Zip Code	Transaction ID: 13666642
	Mount Olive	AL	35117-3644	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Fultondale Foot Clinic	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 - 3 - 4		1
	Other (specify)		500.00	
S	UBTOTAL of Receipts This Page (optional)			1050.00
1				

<u> </u>				FOR LINE NUMBER: PAGE 45 / 52
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	atomonte may	rnot ha cold or used by any pare	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		·	
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
	7 interiori i odiano modicar 7 iosini, mer	. outury .	omiodi / lotion Committee	
_	Full Name (Last, First, Middle Initial)			
A.	Dr. Richard Pat Mistretta			Date of Receipt
	Mailing Address 1745 Riverglen Dr.			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	01 25 2007
	City	State	Zip Code	Transaction ID: 13666645
	Suwanee	GA	30024-1864	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Affiliated Foot & Ankle	Occupation	<u> </u>	\neg
	Affiliated Foot & Ankle	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd			01 31 2007
	City	State	Zip Code	Transaction ID: 13666694
	Chicago	IL	60634-3547	Amount of Each Receipt this Period
	•	16	00004-0047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Norridge Foot Clinic	Occupation		
	·		Physician	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	11
	Other (specify)	0 0		1
	Full Name (Last, First, Middle Initial)			+
C.	Dr. Thomas V. Johnson			Date of Receipt
	Mailing Address 289 Main St.			M M / D D / Y Y Y Y
				01 31 2007
	City	State	Zip Code	Transaction ID: 13666696
	Suffield	CT	06078-1332	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		200.00
	Name of Employer	Occupation	า	\dashv
	Podiatry Care		Physician	
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 -3-4-		7
	Other (specify) ▼		250.00	
				-
	-			
s	UBTOTAL of Receipts This Page (optional)			1500.00
F			•	-

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(s)	FOR LINE NUMBER: PAGE 46 / 52
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
•••	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.				Date of Receipt
	Mailing Address 2347 Walborn Dr.			01 31 2007
	City	State	Zip Code	Transaction ID: 13666697
	Hilliard	<u>OH</u>	43026-8772	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Advanced Ankle & Foot Cen- ter. LLC	Occupation Podiatric	n Physician	7
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
_	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Elliot B. Zacker			Date of Receipt
	Mailing Address 701 N. Atlantic Dr.			01 31 7 2007
	City	State	Zip Code	Transaction ID: 13666700
	Lantana	FL	33462-1925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatric	ո Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	7
	Other (specify) ▼	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Dr. Joseph W. Cavuoto			Date of Receipt
	Mailing Address 1 Debbie Ct.			01 31 2007
	City	State	Zip Code	Transaction ID: 13666703
	Dix Hills	NY	11746-5601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatric	ո Physician	7
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	500.00	
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 52
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Harvey S. Karpo			Date of Receipt
	Mailing Address 1420 Woodlane Dr.			01 31 7 2007
	City	State	Zip Code	Transaction ID: 13666705
	Westville	NJ	08093-1727	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Thomas J. Ortenzio			Date of Receipt
	Mailing Address 2315 Freysville Rd.			0 1 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 13666706
	Red Lion	PA	17356-8263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Associated Foot & Ankle Specialists		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	- 1	200.00	J
— С.	Full Name (Last, First, Middle Initial) Dr. Isaac E. Willis, Jr.			Date of Receipt
٠.	Mailing Address 2400 S. Martin L. King E	Blvd		M M / D D / Y Y Y Y
		J. V G.		01 31 2007
	City	State	Zip Code	Transaction ID: 13666707
	Longview	TX	75602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		7
			Physician	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	250.00	
	Cirioi (Specify)		0 0 0 0 0 0 0	1
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 48/52 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Eugene F. Sherwood Date of Receipt Mailing Address 7475 Algonquin Dr. 3 1 2007 City State Zip Code Transaction ID: 13704089 Cincinnati OH 45243-3517 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Eugene Sherwood DPM, Inc. Occupation Podiatric Physician Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	53687.11

SI	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49/52
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	13 14 15 16 X 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any persordress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\geq	American Podiatric Medical Assn., Inc. P	odiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt
	Mailing Address 9312 Old Georgetown Ro	ad		01 25 7 2007
	City	State	Zip Code	Transaction ID: 13645437
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		427.28
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		427.28	Transfer Funds for Federal Operating Expenses
3.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt
	Mailing Address 9312 Old Georgetown Road			01 25 7 2007
	City Bethesda	State MD	Zip Code	Transaction ID: 13645438
	FEC ID number of contributing		20814	Amount of Each Receipt this Period
	federal political committee.	C		370.55
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		797.83	Transfer Funds for Federal Operating Expenses
).	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
	Mailing Address 100 Light St., 19th Floor			0 1 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13715030
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		222.33
	Citiaroup Global Markete	Occupation Investme		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		222.33	Interest Income
s	UBTOTAL of Receipts This Page (optional)		>	1020.16
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	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE (check onl	NUMBER:	PAGE	50 / 52	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam						
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	mittee				
۸.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Mailing Address NC8502 PO Box 563966			Transaction ID: 137 Date of Disbursemen M M / D 3 1	nt	0 0 7 °]
	City Charlotte Purpose of Disbursement Bank Fees Candidate Name	State Zip Code NC 28262-3966	001 Category/ Type	Amount of Each Disl		t this Pe	-
	Office Sought: House Disburs	ement For: Primary General Other (specify)		Bank Fees			

SUBTOTAL of Disbursements This Page (optional)	•	500.88
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SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check		JMBER: ne)		P	AGE	51 / 52	2
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21k	Ĺ	22) 28a	23 28b	24 28c	П	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan									
 NAME OF COMMITTEE (In Full) 	le and address of any political co	ommittee to	SOIICI	t CONTINOL	ILIONS ITC	om sucm	COMM	iillee	
American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	nmittee							
Full Name (Last, First, Middle Initial)				Transac			183		
Simpson For Congress				Date of I			v • v	V .	V
Mailing Address 1487 Parkway Drive				01	2	5 /	2	0 ŏ 7	
City Blackfoot	State Zip Code ID 83221			Amount	of Each	Disburse	-		
Purpose of Disbursement	Г		1				. 10	0.000	0
Candidate Name	L	011 Category/	Ц						
Rep. Michael K. Simpson		Type							
Office Sought: X House Disburs Senate	ement For: 2008 Primary General								
	Other (specify)								
	rimary Electio								
Full Name (Last, First, Middle Initial) Nathan Deal For Congress				Transac Date of I			181		
				M M		5	YYY	0 ŏ 7	Υ
Mailing Address PO Box 902 PO Box 902				0 1	2	5	. 2	0 0 7	
City Gainesville	State Zip Code GA 30503			Amount	of Each	Disburse	ement	this P	eriod
Purpose of Disbursement	Г		1				2	0.000	0
Candidate Name	L	011 Category/							
Rep. Nathan Deal		Type							
Office Sought: X House Disburs Senate	ement For: 2008 Primary General								
	Other (specify)								
	rimary Electio								
Full Name (Last, First, Middle Initial) Heather Wilson For Congress				Transac Date of I			185		
Mailing Address P.O. Box 14070 P.O. Box 14070				01	[/] 2	5 /	^Y 2	0 ŏ 7	Y
City	State Zip Code			Amount	of Each	Disburse	ement	this P	eriod
Albuquerque Purpose of Disbursement	NM 87191		_				10	0.00	0
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Candidate Name Rep. Heather A. Wilson		Category/ Type							
	ement For: 2008								
Senate President	Primary General Other (specify) ▼								
	rimary Electio								
SUBTOTAL of Disbursements This Page (optional)			<u> </u>				40	0.00	0
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SCHEDULE B (FEC Form 3X)

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27		a X	23 28b	24 28c	П	25 29	26 30l
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NAME OF COMMITTEE (In Full)	e and address of any pointed co	ATTITULE LO	SUILUIT UU	iiiiiDU		JIII SUUII	COITIII	CE	
American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	nmittee							
Full Name (Last, First, Middle Initial)			Tra	nsact	ion ID:	137014	189		
Lee Terry For Congress)isburse		v v		V
Mailing Address P.O. Box 540098			0	1 "	2	5 /	2	0 ŏ 7	
City Omaha	State Zip Code NE 68154		Am	ount o	of Each	Disburse	ement	this P	eriod
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- I dipose of Biobarosition		011					_		
Candidate Name Rep. Lee Terry		Category/ Type							
	ement For: 2008								
Senate President	Primary General Other (specify) ▼								
	rimary Electio								
Full Name (Last, First, Middle Initial)			Tra	nsact	ion ID:	137014	179		
Klein For Congress			Da ⁱ		isburse				_
Mailing Address 21301 Powerline Road Suite 204				1 M	[′] 2	5 /	ž	0 ŏ 7	Y
City Boca Raton	State Zip Code FL 33433		Am	ount o	of Each	Disburse	ement	this P	eriod
Purpose of Disbursement	Г		ΠL				_ 1	0.000	0
Candidate Name		011							
Mr. Ron Klein	'	Category/ Type							
Senate	ement For: 2008 Primary General Other (specify)								
State: FL District: 22 2008 F	rimary Electio								
Full Name (Last, First, Middle Initial) Committee To Elect Artur Davis To Congr	ess				i on ID: Disburse	137014 ement	193		
Mailing Address Post Office Box 1845				1 ^M	[′] ^D 2	9 /	ž	0 ŏ 7	Y
City	State Zip Code		Am	ount o	of Each	Disburse	ement	this P	eriod
Birmingham Burpage of Dishurgement	AL 35201		_ [1	500.0	0
Purpose of Disbursement 011				-			, .		-
Candidate Name Rep. Artur Davis									
Senate	ement For: 2008 Primary General Other (specify)								
	rimary Electio								
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