

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road
 Check if different than previously reported. (ACC)
Bethesda MD 20814-1698

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

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

5. Covering Period 01 01 2007 through 01 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Gerald Peterson, DPM
Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 02 13 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">250015.81</td></tr></table>	250015.81
Y	Y	Y	Y									
2	0	0	7									
250015.81												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">250015.81</td></tr></table>	250015.81										
250015.81												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">81809.27</td></tr></table>	81809.27	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">81809.27</td></tr></table>	81809.27								
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)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">331825.08</td></tr></table>	331825.08	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">331825.08</td></tr></table>	331825.08								
331825.08												
331825.08												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">8168.91</td></tr></table>	8168.91	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">8168.91</td></tr></table>	8168.91								
8168.91												
8168.91												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">323656.17</td></tr></table>	323656.17	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">323656.17</td></tr></table>	323656.17								
323656.17												
323656.17												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	53687.11	53687.11
(i) Itemized (use Schedule A)	27102.00	27102.00
(ii) Unitemized	80789.11	80789.11
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	80789.11	80789.11
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1020.16	1020.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	81809.27	81809.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	81809.27	81809.27

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	668.91	668.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	668.91	668.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8168.91	8168.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8168.91	8168.91

DETAILED SUMMARY PAGE
of Disbursements

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Ms. Azar Dastgah		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 1 / 2 0 0 7	
Mailing Address 22309 Stevens Creek Blvd.		Transaction ID: 13477977	
City State Zip Code Cupertino CA 95014-1038	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Student	Occupation Student		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. R. Aida Kosak		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 1 / 2 0 0 7	
Mailing Address 30039 N. Waukegan Rd. #103		Transaction ID: 13478088	
City State Zip Code Lake Bluff IL 60044-5400	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Student		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Thomas S. Godfryd		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address 4988 Heather Point		Transaction ID: 13545814	
City State Zip Code Birmingham AL 35242-3950	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Birmingham Podiatry	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Matthew G. Garoufalis

Mailing Address 1933 Hansom Ct.

City State Zip Code
Naperville IL 60565-2629

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

Name of Employer
Professional Foot Care Specialists
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: 13547483

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Glenn B. Gastwirth

Mailing Address 12401 Willow Green Ct.

City State Zip Code
Potomac MD 20854-3044

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

Name of Employer
American Podiatric Medical Association
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 7

Transaction ID: 13549922

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Seth A. Rubenstein

Mailing Address 1322 Pavilion Club Way

City State Zip Code
Reston VA 20194-1338

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

Name of Employer
Fox Mill Foot & Ankle Center
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 13558304

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Marc A. Lederman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 6 Livingston Rd.		Transaction ID: 13558306	
City State Zip Code Collinsville CT 06019-3050	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Harvey D. Lederman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 12 Biltmore Park		Transaction ID: 13558315	
City State Zip Code Bloomfield CT 06002-2141	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer W. Hartford Podiatry Associates	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Steven Paul Abramow		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 76 Alpine Ct.		Transaction ID: 13558465	
City State Zip Code Demarest NJ 07627-2313	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Manhattan Podiatry Associates, P.C.	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Jonathan J. Lubitz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 2605 Charleston Oaks Ct.		Transaction ID: 13558472	
City State Zip Code Mobile AL 36695-2522	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Marc R. Bernbach		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 126 Burr Hall Rd.		Transaction ID: 13614312	
City State Zip Code Middlebury CT 06762-1403	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Waterbury Podiatry Consultants	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Joel A. Kowski		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 1104 wilson ave		Transaction ID: 13619376	
City State Zip Code Menomonie WI 54751-2851	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Foot & Ankle Clinic, LLP	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Dennis W. Leveille

Mailing Address 800 5th Ave. S.

City Escanaba State MI Zip Code 49829-3607

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 08 / 2007

Transaction ID: 13619416

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Larry E. Greiner

Mailing Address 3713 S. High St.

City Columbus State OH Zip Code 43207-4011

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 08 / 2007

Transaction ID: 13619424

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Melvin Bernard Price

Mailing Address 5130 44th St. W.

City Bradenton State FL Zip Code 34210-2970

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

Name of Employer Riverview Foot and Ankle Specialists Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
01 / 08 / 2007

Transaction ID: 13619425

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. K. Michael Krajick		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 16 Pine Ave.		Transaction ID: 13619428	
City State Zip Code Cohoes NY 12047-5036		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. James M. Flynn		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 10218 Mantle Ct.		Transaction ID: 13619452	
City State Zip Code Oklahoma City OK 73162-4437		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James Q. McClelland		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 2002 12th Ave N.W. #F		Transaction ID: 13619453	
City State Zip Code Ardmore OK 73401-1206		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Kent L. Magrini		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 302 Brownwood Estate		Transaction ID: 13619458	
City State Zip Code Fort Smith AR 72916-4029	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Foot Health Center	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Steven A. Maffei		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 1 Meadowlark Ln.		Transaction ID: 13619462	
City State Zip Code Franklin Park NJ 08823-1809	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. John E. Morehead		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 7	
Mailing Address 6666 S. 76th E. Ave.		Transaction ID: 13619473	
City State Zip Code Tulsa OK 74133-1835	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Carolyn Kay Stansberry

Mailing Address Queen City Medical Center
1420 N. 10th St.

City Spearfish State SD Zip Code 57783-1532

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

Name of Employer Queen City Medical Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2007

Transaction ID: 13619477

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Troy James Boffeli

Mailing Address 2648 Town Lake Dr.

City Woodbury State MN Zip Code 55125-8702

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2007

Transaction ID: 13619484

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark B. Safer

Mailing Address 3165 Gilbert Ridge Rd.

City West Bloomfield State MI Zip Code 48322-1836

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

Name of Employer Midwest Health Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2007

Transaction ID: 13619488

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Eugene R. Flaxman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 2000 S. Ocean Blvd. #306N		Transaction ID: 13619492
City State Zip Code Palm Beach FL 33480-5212	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles E. Keenan, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 1590 3rd Ave. S.E.		Transaction ID: 13619496
City State Zip Code Le Mars IA 51031-2763	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Floyd Valley Hospital	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David James Maiani		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 3966 E. Ohio Match Rd.		Transaction ID: 13619502
City State Zip Code Hayden ID 83835-7824	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gene J. Pusateri		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 33 Redfern Dr.		Transaction ID: 13619544	
City Youngstown	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 44505-1651		FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Michael J. King		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 176 Sweet Farm Rd.		Transaction ID: 13619545	
City Portsmouth	State RI	Amount of Each Receipt this Period 1000.00	
Zip Code 02871-1291		FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Mark A. Majeski		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 701 Springfield Ave.		Transaction ID: 13620662	
City Pine Beach	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08741-1237		FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Brad A. Toll

Mailing Address 2411 Crofton Ln. #25

City State Zip Code
Crofton MD 21114-1304

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2007

Transaction ID: 13620668

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stuart W. Kushel

Mailing Address 10 Schalks Crossing Rd.

City State Zip Code
Plainsboro NJ 08536-1612

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2007

Transaction ID: 13620669

Amount of Each Receipt this Period
250.00

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

Mailing Address 162 Old Short Hills Rd.

City State Zip Code
Short Hills NJ 07078-2122

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2007

Transaction ID: 13620671

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Lloyd S. Smith		Date of Receipt MM / DD / YYYY 01 / 17 / 2007
Mailing Address 65 Hartman Rd.		Transaction ID: 13620674
City Newton Center	State MA	Zip Code 02459-3035
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. David J. Levine		Date of Receipt MM / DD / YYYY 01 / 17 / 2007
Mailing Address 63 Thomas Johnson Dr. #C		Transaction ID: 13620682
City Frederick	State MD	Zip Code 21702-4396
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. George Vasiliadis		Date of Receipt MM / DD / YYYY 01 / 17 / 2007
Mailing Address 5489 Via Marina		Transaction ID: 13620683
City Williamsville	State NY	Zip Code 14221-2839
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Ambulatory Foot Care Ctr. of Tonawanda	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Michael A. Figura

Mailing Address 5 Deerfield Ridge Rd.

City State Zip Code
Chesterfield MO 63005-6201

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

Name of Employer County Podiatrists, Inc. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 17 / 2007

Transaction ID: 13620688

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward Fryman

Mailing Address 34 Colgate Dr.

City State Zip Code
Plainview NY 11803-1804

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

Name of Employer Seaford Foot Care Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 17 / 2007

Transaction ID: 13620692

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph H. Strickland

Mailing Address 2990 Longbrooke Way

City State Zip Code
Clearwater FL 33760-1719

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 18 / 2007

Transaction ID: 13623225

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Stuart A. Courtney		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 3590 N. 45th Ave.		Transaction ID: 13623226	
City State Zip Code Hollywood FL 33021-2450	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Carlos Hernandez-Ortiz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address Urb. Quintas Del Norte D-6 2nd Street		Transaction ID: 13623227	
City State Zip Code Bayamon PR 00961	Amount of Each Receipt this Period 275.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Clinica Del Pie De Rio Ho- ndo	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. Dr. Ruth Ann Cooper		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 4415 Aicholtz Rd. #200		Transaction ID: 13623442	
City State Zip Code Cincinnati OH 45245-1506	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1775.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey D. Korn		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 5341 Outlook Point		Transaction ID: 13623446	
City State Zip Code San Diego CA 92124-1819	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Terry J. Boykoff		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7	
Mailing Address 3714 Park Colony Ct.		Transaction ID: 13623447	
City State Zip Code Agoura Hills CA 91301-3635	Amount of Each Receipt this Period 1111.11		
FEC ID number of contributing federal political committee. C			
Name of Employer Santa Monica Podiatry Gro- up	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1111.11		

Full Name (Last, First, Middle Initial) C. Dr. William J. Beaton, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 283 104th Ave. #106		Transaction ID: 13625714	
City State Zip Code Treasure Island FL 33706-4828	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2361.11
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Mark S. Block		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 660 Glades Rd. #120		Transaction ID: 13625715
City State Zip Code Boca Raton FL 33431-6466	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Barney A. Greenberg		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 16283 Cayuga Cir.		Transaction ID: 13625716
City State Zip Code Davie FL 33331-2155	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Podiatry Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Stuart L. Tessler		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 3 49th Ave.		Transaction ID: 13644741
City State Zip Code Isle Of Palms SC 29451-2609	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Charleston Podiatry	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Stuart L. Tessler		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7	
Mailing Address 3 49th Ave.		Transaction ID: 13644743	
City Isle Of Palms	State SC	Zip Code 29451-2609	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Charleston Podiatry	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Dr. David Glen Wade		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 1804 Elmhurst Ave.		Transaction ID: 13648380	
City Nichols Hills	State OK	Zip Code 73120-4718	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Curtis W. Long		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 1047 Brevor Pl.		Transaction ID: 13648382	
City Walla Walla	State WA	Zip Code 99362-9381	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Mark Reiner		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address The Podiatry Group 637 E. Matthews		Transaction ID: 13648383
City Jonesboro State AR Zip Code 72401-3145	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer The Podiatry Group	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven B. Geduldig		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address Foot Specialists 9119 W. 74th St. #352		Transaction ID: 13649167
City Shawnee Mission State KS Zip Code 66204-2236	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Foot Specialists	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. David W. Powell		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7
Mailing Address 11020 Upper Mt. Vernon Rd.		Transaction ID: 13650208
City Mount Vernon State IN Zip Code 47620-9073	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. M. Diane Collier		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 800 N. Iroquois Ave.		Transaction ID: 13650216	
City Dothan State AL Zip Code 36303-3224	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama South Family Podiatry Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Brooke V. Crowley		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 88 S. Howell Point Rd.		Transaction ID: 13650225	
City Bellport State NY Zip Code 11713-2614	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Marc S. Bruell		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 1145 Ryder Rd.		Transaction ID: 13651426	
City Chesterton State IN Zip Code 46304-3453	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lakeshore Boné & Joint Institute Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Catherine Louise Yack		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 7847 Horseshoe Trl.		Transaction ID: 13652480	
City Huntsville	State AL	Zip Code 35802-3217	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. J. Kenneth Durham		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 4813 Coachlight Ct.		Transaction ID: 13652493	
City Albany	State GA	Zip Code 31721-9190	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Albany Podiatry Associates	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. George V. Tsoutsouris		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 8441 Castle Dr.		Transaction ID: 13652814	
City Munster	State IN	Zip Code 46321-1933	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

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

Mailing Address 110 Main St.

City State Zip Code
Hamilton OH 45013-3175

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652817

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert I. Garnet

Mailing Address 18430 S. Dixie Hwy.

City State Zip Code
Miami FL 33157-6816

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652834

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen L. Moss

Mailing Address 6240 Kipps Colony Ct. #205

City State Zip Code
Gulfport FL 33707-3979

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652835

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Christopher M. Englert		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 715 Lake Eloise Place Dr.		Transaction ID: 13652836	
City State Zip Code Winter Haven FL 33884-3410	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Podiatry Center, P.A.	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Thomas S. Matysik		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 2246 Hwy. 44 W.		Transaction ID: 13652850	
City State Zip Code Inverness FL 34453-3808	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Dennis R. Frisch		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 1070 S.W. 19th St.		Transaction ID: 13652851	
City State Zip Code Boca Raton FL 33486-6830	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Boca Raton Podiatry	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Stephen D. Lasday

Mailing Address W. Coast Podiatry Center
1611 53rd Ave. W.

City Bradenton State FL Zip Code 34207-2868

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

Name of Employer W. Coast Podiatry Center Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2007

Transaction ID: 13652853

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. W. Christopher Fleming

Mailing Address 5400 S.W. 28th Ave.

City Ocala State FL Zip Code 34474-5845

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2007

Transaction ID: 13652856

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Timothy Tillo

Mailing Address 11808-2 San Jose Blvd.

City Jacksonville State FL Zip Code 32223-1885

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 19 / 2007

Transaction ID: 13652857

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Stephen M. Meritt		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 2636 Forest Point Ct.		Transaction ID: 13652859	
City State Zip Code Jacksonville FL 32257-5623	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Robert Frimmel		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 7442 Paurotis Ct.		Transaction ID: 13652860	
City State Zip Code Sarasota FL 34241-7116	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Sarasota Footcare Center	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Marc B. Klein		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 22125 Martella Ave.		Transaction ID: 13652861	
City State Zip Code Boca Raton FL 33433-4661	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Garden Shops	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

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

Mailing Address 10104 Dorset Dr.

City State Zip Code
Leesburg FL 34788-3618

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652862

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Cary M. Zinkin

Mailing Address P.O. Box 4997

City State Zip Code
Deerfield Beach FL 33442-4997

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652875

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Elliott S. Lampert

Mailing Address 1581 Brickell Ave. #702

City State Zip Code
Miami FL 33129-1234

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652880

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Richard J. Egerman

Mailing Address 11313 Seagrass Cir.

City State Zip Code
Boca Raton FL 33498-4920

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652890

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph E. Kiefer

Mailing Address 4561 Canopy Rd.

City State Zip Code
Pensacola FL 32504-7801

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

Name of Employer Gulf Coast Podiatry
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652891

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Tyler B. Brahm

Mailing Address 1950 Sever Dr.

City State Zip Code
Clearwater FL 33764-4714

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652892

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Steven M. Spinner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 1031 Coralina Ln.		Transaction ID: 13652906	
City State Zip Code Delray Beach FL 33483-6792		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Roberta Giudice-Teller		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 2244 N.W. 9th Pl.		Transaction ID: 13652909	
City State Zip Code Gainesville FL 32605-5202		Amount of Each Receipt this Period 600.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Dr. Sheldon Willens		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 2150 S. Ocean Blvd. #3A		Transaction ID: 13652910	
City State Zip Code Delray Beach FL 33483-6444		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Michael I. Schwartz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 410 N. Gadsden St.		Transaction ID: 13652911
City State Zip Code Tallahassee FL 32301-1215	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Podiatric Medical Assn.	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Evelyn M. Cloud, IV		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 8211 Mar Del Plata St. E.		Transaction ID: 13652912
City State Zip Code Jacksonville FL 32256-7349	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Briant G. Moyles		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 651 Franklyn Ave.		Transaction ID: 13652913
City State Zip Code Indialantic FL 32903-4603	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Melbourne Podiatry Associates	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Scarlett Ann Kinley		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 935 23rd Ave. N.		Transaction ID: 13652914	
City State Zip Code Saint Petersburg FL 33704-3225	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bay Area Foot & Ankle	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Linda L. Alexander		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 2376 Foxhaven Dr. W.		Transaction ID: 13652915	
City State Zip Code Jacksonville FL 32224-2010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Michael J. Ball		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 11858 N.W. 11th Pl.		Transaction ID: 13652916	
City State Zip Code Coral Springs FL 33071-5036	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Bradley Don Beasley

Mailing Address Metro Tulsa Foot & Ankle Specialis
P.O. Box 268860

City State Zip Code
Oklahoma City OK 73126-8860

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652928

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth E. Jacoby

Mailing Address 4N 916 Middlecreek Ln.

City State Zip Code
Saint Charles IL 60175

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

Name of Employer Elgin Foot Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652937

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory T. Amaratos

Mailing Address 1291 Lawrence

City State Zip Code
Lake Forest IL 60045-3639

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

Name of Employer Amaratos Foot Center
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

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

Transaction ID: 13652943

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. James G. Strickland

Mailing Address 439 Bay View Dr. N.E.

City State Zip Code
Saint Petersburg FL 33704-2404

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 19 / 2007

Transaction ID: 13652952

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward A. Fazekas

Mailing Address 725 Butternut Pl.

City State Zip Code
Lakeland FL 33813-3608

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 19 / 2007

Transaction ID: 13652953

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bruce J. Levine

Mailing Address 2521 Countryside Blvd.

City State Zip Code
Clearwater FL 33763-1605

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 19 / 2007

Transaction ID: 13652954

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 52
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. William A. Harr		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 205 Bally Shannon #502		Transaction ID: 13652955	
City State Zip Code Melbourne Beach FL 32951-3141	Amount of Each Receipt this Period 251.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 251.00		

Full Name (Last, First, Middle Initial) B. Dr. Barry J. Drossner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 3722 N.E. 200th St.		Transaction ID: 13652956	
City State Zip Code Aventura FL 33180-3094	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert D. Siwicki		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7	
Mailing Address 4404 Windlake Dr.		Transaction ID: 13652957	
City State Zip Code Niceville FL 32578-4813	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Emerald Coast Podiatry Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	751.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William Joseph Namen, II

Mailing Address 6936 Madrid Ave.

City State Zip Code
Jacksonville FL 32217-2681

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

Name of Employer Occupation
Beaches Foot & Ankle Clinic Podiatric Physician

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

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

Transaction ID: 13652958

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Scott N. Maling

Mailing Address 853 W. Hemlock Way

City State Zip Code
Chandler AZ 85248-4346

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

Name of Employer Occupation
Desert Foot & Ankle Center Podiatric Physician

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

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

Transaction ID: 13652969

Amount of Each Receipt this Period
250.00

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

Mailing Address 1024 Tramway Ln. N.W.

City State Zip Code
Albuquerque NM 87122-1317

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

Name of Employer Occupation
Albuquerque Associated Podiatrists Podiatric Physician

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

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

Transaction ID: 13652974

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Alan M. Singer

Mailing Address 25955 Wellington Ct.

City State Zip Code
Calabasas CA 91302-3124

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652976

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Oliver S. Foster

Mailing Address Baldwin Hills Foot & Ankle Center
3756 Santa Rosalia Dr. #302

City State Zip Code
Los Angeles CA 90008-3606

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

Name of Employer Baldwin Hills Foot & Ankle Center
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

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

Transaction ID: 13652977

Amount of Each Receipt this Period
700.00

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

Mailing Address 16 Monica Dr.

City State Zip Code
Edison NJ 08820-3224

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

Name of Employer Self-Employed
Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 13652978

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard A. Bronfman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address AR Foot & Ankle Clinic 1417 W. 6th St.		Transaction ID: 13652983	
City Little Rock	State AR	Zip Code 72201-2929	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AR Foot & Ankle Clinic	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Howard M. Imanuel		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 7951 Gator Palm Dr.		Transaction ID: 13652984	
City Fort Myers	State FL	Zip Code 33912-6994	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer The Podiatry Center	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. David Y. S. Yee		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 98-1425 D Kaahumanu St.		Transaction ID: 13652985	
City Aiea	State HI	Zip Code 96701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer HI Foot Clinic	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Matthew L. Burrell

Mailing Address 133 Rappentak Dr. Box 427

City State Zip Code
Fryeburg ME 04037

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

Name of Employer Occupation
Lake Podiatry, PA Podiatric Physician

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

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

Transaction ID: 13652986

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Dennis L. Turner

Mailing Address 5 Wedgewood Way

City State Zip Code
Scotch Plains NJ 07076-2727

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

Name of Employer Occupation
Self-Employed Podiatric Physician

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

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

Transaction ID: 13652988

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Kim G. Gauntt

Mailing Address 16585 N.E. Fairview Dr.

City State Zip Code
Dundee OR 97115-9108

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

Name of Employer Occupation
Foot Health Center of New-berg Podiatric Physician

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

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

Transaction ID: 13652990

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Joseph M. Caporusso

Mailing Address 217 E. Yellowhammer

City State Zip Code
Mcallen TX 78504

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

Name of Employer Complete Family Foot Care Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 13652996

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. William H. Dabdoub

Mailing Address 100 Ayshire Ct.

City State Zip Code
Slidell LA 70461-5034

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

Name of Employer Self-Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: 13653207

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Dr. Oliver S. Foster

Mailing Address Baldwin Hills Foot & Ankle Center
3756 Santa Rosalia Dr. #302

City State Zip Code
Los Angeles CA 90008-3606

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

Name of Employer Baldwin Hills Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 13653295

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Ronald D. Jensen		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address Gould Medical Group 3612 Dale Rd.		Transaction ID: 13659446	
City Modesto	State CA	Zip Code 95356-0500	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gould Medical Group	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. David M. Schofield		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 1734 Pinnacle Rd.		Transaction ID: 13659740	
City Elmira	State NY	Zip Code 14905-1240	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Kevin O'Reilly		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 7	
Mailing Address 1600 Marion Rd.		Transaction ID: 13664424	
City Redlands	State CA	Zip Code 92374-6300	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Scott M. Soulier

Mailing Address 10281 S. 1000 W.

City State Zip Code
South Jordan UT 84095-8826

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2007

Transaction ID: 13664438

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. John V. Simons

Mailing Address 6321 Southwinds Dr.

City State Zip Code
North Little Rock AR 72118-5201

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2007

Transaction ID: 13666639

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Angela P. Dominique

Mailing Address 6244 Dorsett Woods Dr.

City State Zip Code
Mount Olive AL 35117-3644

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

Name of Employer Fultondale Foot Clinic Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2007

Transaction ID: 13666642

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Richard Pat Mistretta

Mailing Address 1745 Riverglen Dr.

City State Zip Code
Suwanee GA 30024-1864

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

Name of Employer
Affiliated Foot & Ankle

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 5 / 2 0 0 7

Transaction ID: 13666645

Amount of Each Receipt this Period
250.00

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

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

City State Zip Code
Chicago IL 60634-3547

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

Name of Employer
Norridge Foot Clinic

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Transaction ID: 13666694

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas V. Johnson

Mailing Address 289 Main St.

City State Zip Code
Suffield CT 06078-1332

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

Name of Employer
Podiatry Care

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Transaction ID: 13666696

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert Bruce VanCourt		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 2347 Walborn Dr.		Transaction ID: 13666697	
City Hilliard	State OH	Zip Code 43026-8772	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Ankle & Foot Center, LLC	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Elliot B. Zacker		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 701 N. Atlantic Dr.		Transaction ID: 13666700	
City Lantana	State FL	Zip Code 33462-1925	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Joseph W. Cavuoto		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 1 Debbie Ct.		Transaction ID: 13666703	
City Dix Hills	State NY	Zip Code 11746-5601	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Harvey S. Karpo		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 1420 Woodlane Dr.		Transaction ID: 13666705
City State Zip Code Westville NJ 08093-1727	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas J. Ortenzio		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 2315 Freysville Rd.		Transaction ID: 13666706
City State Zip Code Red Lion PA 17356-8263	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Associated Foot & Ankle Specialists	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Isaac E. Willis, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 2400 S. Martin L. King Blvd.		Transaction ID: 13666707
City State Zip Code Longview TX 75602	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 48 / 52	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Eugene F. Sherwood

Mailing Address 7475 Algonquin Dr.

City	State	Zip Code
Cincinnati	OH	45243-3517

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

Name of Employer Eugene Sherwood DPM, Inc.	Occupation Podiatric Physician
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	7

Transaction ID: 13704089

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 52
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. APMA Government Education Fund		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 9312 Old Georgetown Road		Transaction ID: 13645437
City State Zip Code Bethesda MD 20814	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 427.28
Name of Employer Occupation	Aggregate Year-to-Date ▼ 427.28	Transfer Funds for Federal Operating Expenses
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. APMA Government Education Fund		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 9312 Old Georgetown Road		Transaction ID: 13645438
City State Zip Code Bethesda MD 20814	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 370.55
Name of Employer Occupation	Aggregate Year-to-Date ▼ 797.83	Transfer Funds for Federal Operating Expenses
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citigroup/ Citigroup Global Markets Inc.		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 100 Light St., 19th Floor		Transaction ID: 13715030
City State Zip Code Baltimore MD 21202-1036	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 222.33
Name of Employer Citigroup Global Markets, Inc. Occupation Investment Firm	Aggregate Year-to-Date ▼ 222.33	Interest Income
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1020.16
TOTAL This Period (last page this line number only)	1020.16

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 52

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Wachovia Bank, N.A.

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 13715033

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

500.88

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

500.88

TOTAL This Period (last page this line number only)

500.88

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Simpson For Congress		Transaction ID: 13701483 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1000.00
City Blackfoot State ID Zip Code 83221		
Purpose of Disbursement Candidate Name Rep. Michael K. Simpson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
011 Category/Type		

Full Name (Last, First, Middle Initial) B. Nathan Deal For Congress		Transaction ID: 13701481 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 2000.00
City Gainesville State ID Zip Code 30503		
Purpose of Disbursement Candidate Name Rep. Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
011 Category/Type		

Full Name (Last, First, Middle Initial) C. Heather Wilson For Congress		Transaction ID: 13701485 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 14070 P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State ID Zip Code 87191		
Purpose of Disbursement Candidate Name Rep. Heather A. Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
011 Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 52

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Lee Terry For Congress		Transaction ID: 13701489 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 1000.00
City Omaha State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Lee Terry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Klein For Congress		Transaction ID: 13701479 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 21301 Powerline Road Suite 204		Amount of Each Disbursement this Period 1000.00
City Boca Raton State FL Zip Code 33433	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Ron Klein		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Committee To Elect Artur Davis To Congress		Transaction ID: 13701493 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address Post Office Box 1845		Amount of Each Disbursement this Period 1500.00
City Birmingham State AL Zip Code 35201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Artur Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 7	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	7500.00