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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2006 8 0 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 09 20 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

### **SUMMARY PAGE**

Page 2

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

Write or Type Committee Name American Podiatric Medical Assn., Inc. Podiatry Political Action Committee <sup>®</sup> D " D 0.8 0 1 2006 8.0 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 279280.76 January 1 (b) Cash on Hand at 255671.43 Begining of Reporting Period ..... 21686.78 268877.80 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 277358.21 548158.56 6(a) and 6(c) for Column B) ..... 25548.06 296348.41 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 251810.15 251810.15 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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**

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

Write or Type Committee Name

18. Transfers from Non-Federal and Levin Funds

12, 13, 14, 15, 16, 17, and 18(c)) .....

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

0 1 M M 3<sup>D</sup>1 М М 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 10800.00 153483.86 (i) Itemized (use Schedule A) ...... 10579.00 96967.36 (ii) Unitemized ..... (iii) TOTAL (add 21379.00 250451.22 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines

11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21379.00	250451.22
12. Transfers From Affiliated/Other		

Party Committees	0.00	0.00
All Loans Received	0.00	0.00
13. All Loans Received		

0.00

0.00

268877.80

14. Loan Repayments Received	0.00					0.00					00	i .								
15. Offsets To Operating Expenditures																				
(Refunds Rehates etc.)		-				-	-	-	-	-			-	-	-		-			_

(Carry Totals to Line 37, page 5)	 0.00
16. Refunds of Contributions Made	
to Feel and a south later and Others	

to rederal candidates and Other		
Political Committees	0.00	2000.00
17. Other Federal Receipts		
11. Other rederal receipts		

(Dividends, Interest, etc.)	307.78	16426.58			
(Bividends, interest, etc.)					

(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	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

21686.78

19 Total Receipt	e (add Lines 11/c	1)		- 1			_

20. Total Federal Receipts	04000.70	000077.00
(subtract Line 18(c) from Line 19)	21686.78	268877.80

from Line 31).....

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 2048.06 7998.64 Expenditures..... (c) Total Operating Expenditures 2048.06 7998.64 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 23500.00 287599.77 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 750.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) ..... (d) Total Contribution Refunds 0.00 750.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share ..... 0.00 0.00 (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds ..... (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 25548.06 296348.41 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

25548.06

296348.41

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	21379.00	250451.22
34.	Total Contribution Refunds (from Line 28(d))	0.00	750.00
85.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	21379.00	249701.22
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2048.06	7998.64
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2048.06	7998.64

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 25
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. David Christian Abdoo			Date of Receipt
	Mailing Address 110 Harden Pkwy. #101			08 / 09 / 4 9 9
	City Salinas	State CA	Zip Code 93906-5257	Transaction ID: 12838428  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Mark R. Weiss			Date of Receipt
	Mailing Address Century Park East Foot 2080 Century Park E. #6	05		08 / 09 / 2006
	City	State	Zip Code	Transaction ID: 12838519
	Los Angeles	CA	90067-2009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Century Park East Foot & Ankle Center	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr. Barry M. Rodgveller			Date of Receipt
	Mailing Address 6 Burrell Ln.			08 / 09 / 2006
	City Rancho Palos Verde	State CA	Zip Code 90275-5074	Transaction ID: 12838521
	FEC ID number of contributing		90275-5074	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatris	t	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	]
s	UBTOTAL of Receipts This Page (optional)			800.00
	OTAL This Period (last page this line number on	ılv)		

S	CHEDULE A (FEC Form 3X)		Llas asperato asbadula(a)	FOR LINE NUMBER: PAGE 7 / 25
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	II EIVIIZED NECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Gordon S. Hamblin			Date of Receipt
	Mailing Address 8290 Morro Rd.			08 11 2006
	City	State	Zip Code	Transaction ID: 12860965
	Atascadero	CA	93422-3954	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	☐ Other (specify) ▼	0 0	300.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Benjamin W. Weaver			Date of Receipt
	Mailing Address Central KS Podiatry Ass 613 N. Main	ociates		08 15 2006
	City	State	Zip Code	Transaction ID: 12867631
	El Dorado	KS	67042-2027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Central KS Podiatry Associates	Occupatio Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	]
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Douglas Edward Webb, Jr.			Date of Receipt
	Mailing Address 15018 Blossom Bay Dr.			08 / 05 / 2006
	City	State	Zip Code	Transaction ID: 12867637
	Houston	TX	77059-3140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupatio Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	F00.00	1
	Other (specify)		500.00	1
	UBTOTAL of Receipts This Page (optional)			1250.00
13	ODIVIAL OF RECEIPES THIS Page (Optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 25
	ITEMIZED RECEIPTS		or each category of the	(check only one)
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Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. C. Michael Irvin			Date of Receipt
	Mailing Address 31 Blair Ct.			08 15 2006
	City	State	Zip Code	Transaction ID: 12867720
	Waynesburg	PA	15370-8246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Greene Podiatry Associates	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	7
	Other (specify)	0 0	000.00	
R	Full Name (Last, First, Middle Initial) Dr. Paula F. Raugellis			Date of Receipt
ъ.	Mailing Address 31 Blair Ct.			M M / D D / Y Y Y Y
	Walling Address 31 Blall Ot.			08 15 2006
	City	State	Zip Code	Transaction ID: 12867722
	Waynesburg	PA	15370-8246	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Greene Podiatry Associates	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	7
	Other (specify)		000.00	
c.	Full Name (Last, First, Middle Initial) Dr. Pamela J. Humpel			Date of Receipt
	Mailing Address 3646 Aruba Ct.			0 8 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 12867724
	Punta Gorda	<u>FL</u>	33950-8120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Foot & Ankle Centers	Occupation Podiatrist		7
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General	1 1	250.00	7
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			850.00
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5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)		
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			Detailed Summary Page	13 14 15 16 17		
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or	ny information copied from such Reports and Stator for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Dawn Shepherd Miles			Date of Receipt		
	Mailing Address 148 Cedar Ridge Cir.			08 15 2006		
	City	State	Zip Code	Transaction ID: 12867728		
	Saint Augustine	FL	32080-6535	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	1	250.00			
				-		
В.	Full Name (Last, First, Middle Initial) Dr. Jesse Plasencia			Date of Receipt		
	Mailing Address 1906 Springside Dr.			M M / D D / Y Y Y Y		
				08 15 2006		
	City	State	Zip Code	Transaction ID: 12867730		
	Plainfield	IL	60586-4258	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
				_		
	Name of Employer Professional Foot Care Sp-	Occupation				
	ecialists	Podiatris	•	_		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		200.00	1		
_	Full Name (Last, First, Middle Initial)					
Ċ.	Dr. Ted Mihok			Date of Receipt		
	Mailing Address 2059 Clinton Ave.			08 15 2006		
	City	State	Zip Code	Transaction ID: 12881646		
	Alameda	CA	94501-4379	Amount of Each Receipt this Period		
	FEC ID number of contributing		1 1 1 1 1 1			
	federal political committee.	C		250.00		
	Name of Employer Self-Employed	Occupation				
		Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	11		
	Other (specify)		250.00			
s	UBTOTAL of Receipts This Page (optional)			750.00		
$\vdash$	. 3 (1 )		<b>'</b>	_		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. 1	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Kam Y. Wong Mailing Address 1535 Francisco St.  City Berkeley FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: Primary General Other (specify)	State CA C Occupation Podiatris Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Anthony Poggio Mailing Address 2059 Clinton Ave.  City Alameda	State CA	Zip Code 94501-4379	Date of Receipt    M M M
	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	Occupation Podiatris	1	250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Katherine Bailey Mailing Address Bailey & Associates 1307 Washington St. #10 City Oregon FEC ID number of contributing federal political committee.  Name of Employer Bailey & Associates  Receipt For: Primary General Other (specify)	State IL  C Occupation Podiatris		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	750.00
Т	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

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S	SCHEDULE A (FEC Form 3X)		Llas congreta achadula(a)	FOR LINE NUMBER: PAGE 11 / 25		
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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		y not be sold or used by any person	13 14 15 16 17  on for the purpose of soliciting contributions a solicit contributions from such committee			
7	NAME OF COMMITTEE (In Full)					
$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Paul Y. Han			Date of Receipt		
	Mailing Address 5772 Spinnaker Bay Dr.			08 15 2006		
	City	State	Zip Code	Transaction ID: 12884789		
	Long Beach	CA	90803-6816	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Self-Employed	Occupation Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		300.00			
В.	Full Name (Last, First, Middle Initial) Dr. Kenrick J. Dennis			Date of Receipt		
	Mailing Address 11838 Durrette			08 15 2006		
	City	State	Zip Code	Transaction ID: 12884793		
	Houston	TX	77024-7129	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Self-Employed	Occupatio Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Eric David Stamps			Date of Receipt		
	Mailing Address 160 Cypress PI.			08 17 2006		
	City	State	Zip Code	Transaction ID: 12892517		
	Sausalito	CA	94965-1519	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Self-Employed	Occupatio Podiatris	t			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		300.00			
s	UBTOTAL of Receipts This Page (optional)			850.00		
, ~	- and the state of					

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

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 25
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. J. Kenneth Durham			Date of Receipt
	Mailing Address 4813 Coachlight Ct.			08 18 2006
	City	State	Zip Code	Transaction ID: 12892844
	Albany	GA	31721-9190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Albany Podiatry Associates	Occupation Podiatrist		
	Receipt For:	1	Year-to-Date ▼	
	Primary General	111		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Donald James Carlson			Date of Receipt
	Mailing Address 711 N.W. 6th St.			M M / D D / Y Y Y Y
				08 21 2006
	City	State	Zip Code	Transaction ID: 12896417
	Pendleton	OR	97801-1319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Francisco	10		_
	Name of Employer Hermiston Family Foot Cli-	Occupation Podiatrist		
	nic Receipt For:		Year-to-Date <b>V</b>	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify)		250.00	
	Eull Name /Leat First Middle Initial)			4
C.	Full Name (Last, First, Middle Initial) Dr. Robert D. Yant			Date of Receipt
	Mailing Address 236 N. Wind Ct.			08 21 7 2006
	City	State	Zip Code	Transaction ID: 12896428
	Ponte Vedra Beach	FL	32082-1952	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Podiatry Associates of FL	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	
	Primary General	-		1
	Other (specify)		300.00	
	·			
s	UBTOTAL of Receipts This Page (optional)			800.00
$\vdash$				-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 25
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Jimmy L. Gregory			Date of Receipt
	Mailing Address 4319 Covington Hwy. #	115		08 23 2006
	City	State	Zip Code	Transaction ID: 12896437
	Decatur	GA	30035-1206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:		Year-to-Date ▼	
	Primary General		450.00	1
	Other (specify) ▼	0 0	450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Charles M. Lombardi			Date of Receipt
٥.	Mailing Address 166-02 12th Rd.			M M / D D / Y Y Y Y
				08 23 2006
	City	State	Zip Code	Transaction ID: 12896439
	Beechhurst	NY	11357-2806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Podiatris		
	Receipt For:		Year-to-Date ▼	_
	Primary General	riggrogate	, real to Bate V	1
	Other (specify) ▼		250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Mark L. Yeske			Date of Receipt
	Mailing Address 3436 N.E. Riverside Sc	hool St.		M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	08 28 2006
	City Pendleton	State OR	Zip Code	Transaction ID: 12896788
		Un	97801-3463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Blue Mountain Foot Specia-	Occupation		
	lists	Podiatris		_
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	' '	250.00	
				1
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	750.00
			<u> </u>	
ΙT	OTAL This Period (last page this line number of	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 25
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. R. Daniel Davis			Date of Receipt
	Mailing Address 450 Clement Ln.			08 28 2006
	City	State	Zip Code	Transaction ID: 12896791
	Orange	CT	06477-2803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	7 1991 09410	1 1 1 1 1 1 1 1	1
	Other (specify)		800.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Kenneth K. S. Mah			Date of Receipt
	Mailing Address 14495 S.W. Allen Blvd.	#101		M M / D D / Y Y Y Y
				08 28 2006
	City	State	Zip Code	Transaction ID: 12896792
	Beaverton	OR	97005-4402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	1	7
	Self-Employed *	Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. William D. McDonald			Date of Receipt
	Mailing Address 3031 W. March Ln. #31			08 29 2006
	City	State	Zip Code	Transaction ID: 12921818
	Stockton	CA	95219-6500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Podiatrist		
	Receipt For:		Year-to-Date ▼	_
	Primary General	33. 233.0		1
	Other (specify)		250.00	
				1
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s	UBTOTAL of Receipts This Page (optional)			800.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 25
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and ado	frict be sold of used by any personal ress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_
A.	Full Name (Last, First, Middle Initial) Dr. Mackie J. Walker, Jr.			Date of Receipt
	Mailing Address 1168 Richardsons Lake	Rd.		08 29 2006
	City	State	Zip Code	Transaction ID: 12921821
	Aiken	SC	29803-9293	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Carolina Pod. Med. Associ- ates	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address Northern CA Orthopedic	Centers		08 29 2006
	6403 Coyle Ave. #170	State	Zip Code	Transaction ID: 12921823
	Carmichael	CA	95608-0311	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	-
	Northern CA Orthopedic Centers	Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Bryan A. Groth			Date of Receipt
	Mailing Address 5542 Vantage Vista Dr.			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-1-	08 29 2006
	City Colorado Springs	State CO	Zip Code 80919-5588	Transaction ID: 12921824
	FEC ID number of contributing		80919-3388	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Groth Foot & Ankle Clinic	Occupation		
	Receipt For:	Podiatrist	t Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-date V	1
	Other (specify) ▼		500.00	
_				
				1000.00
S	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL This Period (last page this line number or	nlv)	•	

PAGE 16/25 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 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) Date of Receipt A. Dr. Joseph A. Crisafulli Mailing Address 120 Russell Rd. 08 29 2006 City State Zip Code Transaction ID: 12921834 NY 12205-1950 **Albany** Amount of Each Receipt this Period FEC ID number of contributing 800.00 C federal political committee. Name of Employer Self-Employed Occupation **Podiatrist** Aggregate Year-to-Date ▼ Receipt For: Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark A. Lazar Date of Receipt Mailing Address 6415 Greyridge Blvd. 8 0 29 2006 City State Zip Code Transaction ID: 12921835 Indianapolis IN 46237-3145 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer Greenwood Foot Clinic Occupation **Podiatrist** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Clinton R. Lowery Date of Receipt Mailing Address 161 Darlene Dr. 2006 0.8 28 Citv State Zip Code Transaction ID: 12922487 Coraopolis PA 15108-9354 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Self-Employed Occupation Podiatrist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional) .....

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

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

NAME OF COMMITTEE (In Full)

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer Self-Employed

Primary

Receipt For:

A. Dr. John Louis Hoffman

City

Seminole

FOR LINE NUMBER: PAGE 17/25 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 11819 109th Ct. 8 0 28 2006 State Zip Code Transaction ID: 12922491 FL 33778-3656 Amount of Each Receipt this Period C 500.00 Occupation **Podiatrist** Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	10800.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 18 / 25
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)
''	EMIZED RECEIP 13		Detailed Summary Page	11a 11b 11c 12
Δr	Any information copied from such Reports and Statements m		, not be sold or used by any person	13 14 15 16 X 17
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
	Full Name (Last, First, Middle Initial) Citigroup Global Markets, Inc.			Date of Receipt
٦.	Mailing Address 100 Light St., 19th Floor			M M / D D / Y Y Y Y
				08 31 2006
	City	State	Zip Code	Transaction ID: 12998194
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing	С		220.11
	federal political committee.	<u> </u>		
	Name of Employer	Occupation	n	
	Citigroup Global Markets, Inc.	Investme	*** * *****	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1411.08	Interest Income
	Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial) Citigroup Global Markets, Inc.			Date of Receipt
٥.	Mailing Address 100 Light St., 19th Floor			M M / D D / Y Y Y Y
				08 31 2006
	City	State	Zip Code	Transaction ID: 12998195
	Baltimore	<u>MD</u>	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing	С		87.67
	federal political committee.			
	Name of Employer Citigroup Global Markets,	Occupation		
	Inc.	Investme		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1498.75	Interest Income

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	307.78
TOTAL This Period (last page this line number only)	<u> </u>	307.78

Any Information or for commer NAME OF America	cial purposes, other than using the nar COMMITTEE (In Full) n Podiatric Medical Assn., Inc. F (Last, First, Middle Initial) a Bank, N.A.	ne and address of any political	committee to so	22 23 24 25 26 28a 28b 28c 29 30t for the purpose of solicating contributions plicit contributions from such committee
or for commer  NAME OF  America  Full Name  Wachovi	cial purposes, other than using the nar COMMITTEE (In Full) n Podiatric Medical Assn., Inc. F (Last, First, Middle Initial) a Bank, N.A.	ne and address of any political	committee to so	
NAME OF America Full Name  A. Wachovi	COMMITTEE (In Full) n Podiatric Medical Assn., Inc. F (Last, First, Middle Initial) a Bank, N.A.	<u> </u>		
A. Wachovi	a Bank, N.A.			
Mailing Ac	drace NCOEGO			Transaction ID: 13007568  Date of Disbursement  0 8 0 1 2 0 0 6
	PO Box 563966			
City Charlotte	)	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period
Purpose of Bank Fees Candidate			001 Category/	387.43
Office Sou	ght: House Disburs Senate President District:	sement For: Primary General Other (specify)	Туре	Bank Fees
_	(Last, First, Middle Initial) Iler Of Maryland			Transaction ID: 13007191 Date of Disbursement
Mailing Ac	dress Revenue Administration	n Division		08 7 29 7 2006
City Annapol		State Zip Code MD 21411-0001		Amount of Each Disbursement this Period
	f Disbursement perating Expenses Name		001 Category/ Type	669.00
Office Sou	ght: House Disburi Senate President District:	sement For:  Primary General  Other (specify) ▼	,	Federal Operating Expenses
Full Name C. Comptro	(Last, First, Middle Initial) Iler Of Maryland			Transaction ID: 13007200 Date of Disbursement
Mailing Ac	dress Revenue Administration	Division		$ \begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} \begin{bmatrix} D & 2 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & 2 & 0 & 0 & 6 \end{bmatrix} $
City Annapoli	S	State Zip Code MD 21411-0001		Amount of Each Disbursement this Period
	f Disbursement eral Operating Expenditures		001	76.00
Office Sou		sement For:	Category/ Type	
State:	Senate President District:	Primary General  Other (specify) ▼		Other Federal Operating Expenditures
	of Disbursements This Page (optional	)		1132.43

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE	PAGE 20 / 25		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 2 28c 29	26 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)  American Podiatric Medical Assn., Inc. Po					
Full Name (Last, First, Middle Initial)  A. Citigroup Global Markets, Inc.			Transaction ID: 12 Date of Disbursem	ent	
Mailing Address 100 Light St., 19th Floor			08 / 31	<sup>2</sup> 2006	
City Baltimore	State         Zip Code           MD         21202-1036		Amount of Each Di	isbursement this Period	d
Purpose of Disbursement Interest Expense Candidate Name		001		446.02	_
Office Sought: House Disburse Senate	ement For: Primary General	Category/ Type	Interest Expense	ı	
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)  B. Citigroup Global Markets, Inc.			Transaction ID: 12 Date of Disbursem	ent	
Mailing Address 100 Light St., 19th Floor			08 7 31	2006	
City Baltimore	State         Zip Code           MD         21202-1036		Amount of Each Di	isbursement this Period	d
Purpose of Disbursement Interest Expense Candidate Name		001 Category/ Type		234.72	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		Interest Expense		
Full Name (Last, First, Middle Initial)  C. Wachovia Bank, N.A.			Transaction ID: 13	ent	
Mailing Address NC8502 PO Box 563966			08 / 31	<sup>*</sup> 2006	
City Charlotte	State         Zip Code           NC         28262-3966		Amount of Each Di	isbursement this Period	d
Purpose of Disbursement Bank Fees Candidate Name		001 Category/		234.89	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Type	Bank Fees		
SUBTOTAL of Disbursements This Page (optional)				915.63	$\overline{}$
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$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	diatry Political Action Cor	nmi	ttee								
	Full Name (Last, First, Middle Initial)					Transa	ction ID:	: 12820	215			
٨.	Becerra for Congress						Disburs		V V		V	
	Mailing Address P.O. Box 261060					0 <sup>M</sup> 8 M	]	2 /	2	0 Ó 6		
	City Los Angeles	State Zip Code CA 90026				Amount	t of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement					L			. 2	2000.0	0	
				)11								
	Candidate Name Mr. Xavier Becerra			egory/ ype								
	Office Sought: X House Disburse Senate	ment For: 2006 Primary X General										
	President	Other (specify)										
	State: CA District: 30											
2	Full Name (Last, First, Middle Initial)							: 12820	271			
٠.	Langevin For Congress					Date of	Disburs		y · y	· · · ·	Υ	
	Mailing Address 181-A Knight St					0 8	]	2 /	2	0 Ó 6		
	City Warwick	State Zip Code RI 02886				Amount	t of Each	Disburs	emen	t this P	eriod	_
	Purpose of Disbursement								-	000.0	0	
	Candidate Name			011								
	Rep. James R. Langevin			egory/ ype								
	9 1	ment For: 2006										
	Senate President X	Primary General Other (specify) ▼										
		rimary Electio										
_	Full Name (Last, First, Middle Initial)							: 12820	213			
J.	Dave Camp For Congress 2006					Date of	Disburs		V * V		V	
	Mailing Address 5915 Eastman Ave. Sui 5915 Eastman Ave. Suit					0,8 ,	] <sup>′</sup>	) 2 /	, 2	0 Ó 6	1	
	City Midland	State Zip Code MI 48640				Amount	t of Each	Disburs	emen	t this P	eriod	
	Purpose of Disbursement	10010	_		Н				1	000.0	0	
			C	)11								
	Candidate Name Rep. David Lee Camp			egory/ ype								
	Office Sought: X House Disburse	ment For: 2006		••								
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$\rangle$	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	nit	tee									
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: 12	8202	18		
Α.	Kyl for Senate							of Di	isburs		ent • / •	/ · v	· · · · · ·	Y
	Mailing Address POST OFFICE BOX 1	0246					0 <sup>M</sup> 8		່	0 2	Ľ	2	o ŏ	6
	City Phoenix	State Zip Code AZ 85064					Amou	int o	f Each	າ Dis	burse	emen	t this	Period
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	Candidate Name		-	0 ate	11 gory/									
	Jon Kyl			Ту	ре									
	X Senate President	rsement For: 2006 Primary X General Other (specify)												
	State: AZ District: 2													
В.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress						Date	of D	ion ID isburs	eme		17		
	Mailing Address PO Box 24551						0 <sup>M</sup> 8	М	<sup>/</sup> D	0 2		Ž	o ŏ	3 Y
	City Pttsburgh	State Zip Code PA 15234					Amount of Each Disbursement this Pe							
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	Candidate Name Rep. Tim F. Murphy		Ca	ate	gory/ pe									
	Office Sought:  X House Senate President  Disbu	rsement For: 2006 Primary X General Other (specify)	I											
	State: PA District: 18													
C.	Full Name (Last, First, Middle Initial) Menendez For Senate								i <b>on ID</b> isburs			79		
	Mailing Address P.O. Box 848						0 <sup>M</sup> 8	М	/ D	1 1	/	Ž	o ŏ	3 <sup>Y</sup>
	City Union City	State Zip Code NJ 07087					Amou	int o	f Each	า Dis	burse	emen	t this	Period
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	Candidate Name Sen. Robert Menendez		Ca		gory/ pe									
	X Senate President	rrsement For: 2006 Primary X General Other (specify)	I	- 1	r- -									
_	State: NJ District:													
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American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmitt	ee								
Full Name (Last, First, Middle Initial)				Trai	nsact	ion ID:	128494	460			
A. IMPACT						isburse		V V	V	V	
Mailing Address 509 Madison Ave. Suite 1902				O S	3 <sup>M</sup>	1	1 /	<u>'</u> 2	0 Ď 6		
	State Zip Code NY 10022			Amo	ount c	f Each	Disburs			-	_
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Candidate Name		01 Cated	gory/								
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Full Name (Last, First, Middle Initial)				Trai	nsact	ion ID:	129219	922			_
Geoff Davis For Congress						isburse	ement		V	V	
Mailing Address 3161 Dixie Highway Suite F				O S			7 /	<u>'</u> 2	0 Ď 6		
,	State Zip Code KY 41018			Amo	ount c	f Each	Disburs			-	_
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Candidate Name Rep. Geoffrey Davis		Cate	gory/								
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Full Name (Last, First, Middle Initial)				<b>-</b>			40070	454			—
The National Leadership PAC						isburse		454			
Mailing Address P.O. Box 5577				OMS	3 <sup>M</sup>	/ <b>1</b>	7 /	Ý Ž	0 0 6	Y	
City Manhattanville Sta	State Zip Code NY 10027			Amo	ount c	f Each	Disburs	emen	t this P	eriod	
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	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)			E NUMBE	R:	P	AGE 2	24 / 25	
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									•
$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po									
١.	Full Name (Last, First, Middle Initial) Christopher Shays For Congress Committee	ee			Date	of Disburs			Y ~ Y	1
	Mailing Address 98 East Avenue Rear Bui 98 East Avenue Rear Bui				8 0		23 /	2 0	Ď6 <sup>°</sup>	
	,	State Zip Code CT 06851			Amou	unt of Eac	h Disburs			iod
	Purpose of Disbursement			)11	<u> </u>			20	00.00	
	Candidate Name Rep. Christopher Shays			egory/ ype						
	Office Sought:  X House Senate President State: CT District: 4	ement For: 2006 Primary X General Other (specify)								
3.	Full Name (Last, First, Middle Initial)						): 12895 <sup>2</sup>	134		
	Pallone For Congress  Mailing Address PO Box 3176				Date 0 8	of Disburs	sement	γγγο	06	1
		Charles 7:- Condo								
	Long Branch	State Zip Code NJ 07740			Amol	int of Eac	h Disburs		00.00	100
	Purpose of Disbursement			)11				20	00.00	
	Candidate Name Rep. Frank Pallone, Jr.			egory/ ype						
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٥.	Nathan Deal For Congress				Date 0 8	of Disburs	sement 2 9	YYY	06	1
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$\rangle$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn.,	Inc. Podiatry Political Action Co	ommit	tee								
Α.	Full Name (Last, First, Middle Initial) Friends Of Rahm Emanuel				Transaction ID: 12921920 Date of Disbursement  0 8	O Y						
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В.	Full Name (Last, First, Middle Initial) Menendez For Senate				Transaction ID: 12921919 Date of Disbursement							
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SUBTOTAL of Disbursements This Page (optional)	•	3500.00
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