

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 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2007 through 08 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 09 19 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

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		250015.81
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	288595.11									
(c) Total Receipts (from Line 19)	30765.14	367645.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	319360.25	617661.13								
7. Total Disbursements (from Line 31)	29405.70	327706.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	289954.55	289954.55								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

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	14800.00	214468.12
(i) Itemized (use Schedule A)	14510.00	142111.50
(ii) Unitemized	29310.00	356579.62
(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)	29310.00	356579.62
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.)	1455.14	11065.70
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))	30765.14	367645.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30765.14	367645.32

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.....	1216.70	11033.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1216.70	11033.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	307500.00
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	161.00	1211.00
(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))	161.00	1211.00
29. Other Disbursements.....	2028.00	7961.71
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))..	29405.70	327706.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29405.70	327706.58

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	29310.00	356579.62
34. Total Contribution Refunds (from Line 28(d))	161.00	1211.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29149.00	355368.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1216.70	11033.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1216.70	11033.87

**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 / 31
	<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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Steven L. Hobkirk		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2007	
Mailing Address 549 W. Chocolate Ave.		Transaction ID: 14453211	
City Hershey	State PA	Amount of Each Receipt this Period 300.00	
Zip Code 17033-1640		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 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. Thomas Takashi Pignetti		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2007	
Mailing Address 20 Painted Sunset		Transaction ID: 14453215	
City The Woodlands	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 77380-4211		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer 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. Robert Cooper		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2007	
Mailing Address 10487 Stablehand Dr.		Transaction ID: 14453220	
City Cincinnati	State OH	Amount of Each Receipt this Period 200.00	
Zip Code 45242-4652		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

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 7 / 31
	<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 S. Jason

Mailing Address 2004 Ocean Front S.

City State Zip Code
Jacksonville FL 32250-6246

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 14456892

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Katherine Bailey

Mailing Address Bailey & Associates
1307 Washington St. #100

City State Zip Code
Oregon IL 61061-1022

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

Name of Employer Occupation
Bailey & Associates Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 3 / 2 0 0 7

Transaction ID: 14456893

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven B. Beito

Mailing Address 10 Horse Shoe Ct.

City State Zip Code
New Braunfels TX 78132-3725

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 14469458

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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. Bradford W. Glass		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007
Mailing Address 4603 Island Dr.		Transaction ID: 14469461
City State Zip Code Midland TX 79707-1406	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer 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) B. Dr. Chris C. Panagoulis		Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2007
Mailing Address 30 Bates Dr.		Transaction ID: 14469462
City State Zip Code Nashua NH 03064-1701	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Ada V. Paolucci		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007
Mailing Address Essington Podiatry Group 1960 Essington Rd. #103		Transaction ID: 14473450
City State Zip Code Joliet IL 60435-1628	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer 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) ▶	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 9 / 31
	<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. Thomas Charles Melillo		Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2007
Mailing Address 22862 S.W. Saunders Dr.		Transaction ID: 14473462
City State Zip Code Sherwood OR 97140-8236	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph V. Gonzalez		Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2007
Mailing Address 326 Northlawn Ave.		Transaction ID: 14473467
City State Zip Code East Lansing MI 48823-3119	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael W. McDonough		Date of Receipt M M / D D / Y Y Y Y Y 08 / 13 / 2007
Mailing Address 595 W. Granada Blvd. #F		Transaction ID: 14473478
City State Zip Code Ormond Beach FL 32174-5182	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer 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) ▶	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 10 / 31
	<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. Paul L. Valenza

Mailing Address 120 Hugo Real Rd.

City State Zip Code
Kerrville TX 78028-8185

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 13 / 2007

Transaction ID: 14473479

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Alan R. Warren

Mailing Address 4445 Stoneview

City State Zip Code
West Bloomfield MI 48322-3497

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 13 / 2007

Transaction ID: 14473480

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. G. Michael Johnson, Jr.

Mailing Address Medical Center Podiatry, P.C.
P.O. Box 8407

City State Zip Code
Mobile AL 36689-0407

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

Name of Employer Occupation
Medical Center Podiatry, P.C. Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 13 / 2007

Transaction ID: 14473812

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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 / 31
	<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. Fred Marino		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 1034 Windsong Pl.		Transaction ID: 14479503	
City Murfreesboro	State TN	Zip Code 37129	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Dr. Darrin Lowe		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 1806 San Ramon Ave.		Transaction ID: 14479508	
City Berkeley	State CA	Zip Code 94707-1630	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Lynn Homisak		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 3866 Monterey Pl. N.E.		Transaction ID: 14479510	
City Renton	State WA	Zip Code 98056-4208	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 31
	(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. Lawrence B. Harkless		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 1079 St. Andrews Dr.		Transaction ID: 14479511	
City State Zip Code Pomona CA 91784	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer 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) B. Mr. Ralph Bohrer		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 8400 E. Dixileta Dr. #110		Transaction ID: 14479519	
City State Zip Code Scottsdale AZ 85262-2268	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Thermedics CEO Aggregate Year-to-Date ▼ 250.00		

contribution

Full Name (Last, First, Middle Initial) C. Dr. David George Armstrong		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2007	
Mailing Address 14925 Creekside Path		Transaction ID: 14479646	
City State Zip Code Libertyville IL 60048-1104	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	William M. Schöll Coll of Podiatric Me Podiatric Physician 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 13 / 31
	<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. Theodore G. Mushlin		Date of Receipt M M / D D / Y Y Y Y Y 08 / 17 / 2007
Mailing Address Podiatry Care Specialists, P.C. 3319 W. Chester Pk.		Transaction ID: 14479649
City Newtown Square	State PA	Zip Code 19073-4226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Podiatry Care Specialists, 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	

Full Name (Last, First, Middle Initial) B. Dr. Lawrence P. Girelli		Date of Receipt M M / D D / Y Y Y Y Y 08 / 20 / 2007
Mailing Address 32 Woodbridge Dr.		Transaction ID: 14485373
City Colorado Springs	State CO	Zip Code 80906-4450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	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. Harold B. Glickman		Date of Receipt M M / D D / Y Y Y Y Y 08 / 20 / 2007
Mailing Address 11321 Berger Ter.		Transaction ID: 14485374
City Potomac	State MD	Zip Code 20854-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	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 14 / 31
	<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. Stuart W. Kushel

Mailing Address 10 Schalks Crossing Rd.

City Plainsboro State NJ Zip Code 08536-1612

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

Name of Employer Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2007

Transaction ID: 14486443

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas S. Godfryd

Mailing Address 4988 Heather Point

City Birmingham State AL Zip Code 35242-3950

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

Name of Employer Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2007

Transaction ID: 14486542

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey A. Ross

Mailing Address 509 Bolivar St.

City Bellaire State TX Zip Code 77401-5006

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

Name of Employer Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2007

Transaction ID: 14486545

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	650.00
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 15 / 31
	(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

A. Full Name (Last, First, Middle Initial)
Dr. Nicholas Przystawski

Mailing Address P.O. Box 491334

City State Zip Code
Leesburg FL 34749-1334

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14486697

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Morrill

Mailing Address 3200 Penbroke Pl.

City State Zip Code
Lexington KY 40509-2016

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

Name of Employer Occupation
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 8 / 2 0 / 2 0 0 7

Transaction ID: 14486698

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Devang C. Patel

Mailing Address 520 West Ave.

City State Zip Code
Norwalk CT 06850

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 14486706

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 16 / 31
	<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. Howard G. Osterman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 7512 Flamewood Dr.		Transaction ID: 14486708
City State Zip Code Clarksville MD 21029-1824	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer 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. Joan M. Meyer		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7
Mailing Address 3240 Purer Rd.		Transaction ID: 14493219
City State Zip Code Escondido CA 92029-7250	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stacey J. Clarke		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 1408 N. Hall St.		Transaction ID: 14495318
City State Zip Code La Grande OR 97850-3807	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Podiatric Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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:	PAGE 17 / 31
	(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. Neal J. Katz		Date of Receipt MM / DD / YYYY 08 / 23 / 2007
Mailing Address 5 Pinehurst Cir.		Transaction ID: 14495321
City Madison	State WI	Zip Code 53717-1142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	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. Mark D. Dollard		Date of Receipt MM / DD / YYYY 08 / 27 / 2007
Mailing Address 12353 Green Horne St.		Transaction ID: 14497321
City Herndon	State VA	Zip Code 20171-2132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Stuart B. Schnitzer		Date of Receipt MM / DD / YYYY 08 / 27 / 2007
Mailing Address 885 New England Dr.		Transaction ID: 14497337
City Westfield	State NJ	Zip Code 07090-3509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 31
	(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

A. Full Name (Last, First, Middle Initial)
Dr. Kenneth Wichman

Mailing Address Manchester Podiatry Center, P.C.
117 E. Center St.

City Manchester State CT Zip Code 06040-5203

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

Name of Employer Manchester Podiatry Center, P.C. 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
08 / 27 / 2007

Transaction ID: 14497820

Amount of Each Receipt this Period
250.00

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

Mailing Address 141 Hickory Lake

City Belleville State IL Zip Code 62223-3441

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

Name of Employer Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 27 / 2007

Transaction ID: 14497827

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Larry A. Smith

Mailing Address 3595 Holly Oak Way

City Santa Rosa State CA Zip Code 95404-9534

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

Name of Employer 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
08 / 24 / 2007

Transaction ID: 14497842

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph C. D'Amico

Mailing Address 333 W. 57th St.

City State Zip Code
New York NY 10019-3159

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2007

Transaction ID: 14497847

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Terrence Klamet

Mailing Address 1849 Shiloh Valley

City State Zip Code
Chesterfield MO 63005-8420

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2007

Transaction ID: 14508522

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. James V. Stelnicki

Mailing Address 3473 Tidewater Dr.

City State Zip Code
Weeki Wachee FL 34607-1045

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2007

Transaction ID: 14508566

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 20 / 31
	<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. John E. Cann

Mailing Address 586 Washington St.

City State Zip Code
Vermilion OH 44089-1079

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2007

Transaction ID: 14508570

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Reuel D. Estes

Mailing Address A. Foot Clinic
207 S. Halcyon Rd.

City State Zip Code
Arroyo Grande CA 93420-3117

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

Name of Employer Occupation
A. Foot Clinic Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2007

Transaction ID: 14508573

Amount of Each Receipt this Period
300.00

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

Mailing Address 1645 Owen Dr.

City State Zip Code
Fayetteville NC 28304

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

Name of Employer 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
08 / 29 / 2007

Transaction ID: 14513946

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 31
	<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. Michael J. Marcus		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
Mailing Address 405 Goldenrod Ave.		Transaction ID: 14513950
City Corona Del Mar	State CA	Zip Code 92625-2913
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer	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. Arlene F. Hoffman		Date of Receipt MM / DD / YYYY 08 / 31 / 2007
Mailing Address 282 Panoramic Hwy.		Transaction ID: 14516139
City Mill Valley	State CA	Zip Code 94941-2631
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer	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. Janet Simon		Date of Receipt MM / DD / YYYY 08 / 01 / 2007
Mailing Address Podiatry Associates of NM 8300 Carmel Ave. N.E. #501		Transaction ID: 14569309
City Albuquerque	State NM	Zip Code 87122
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 0.00	
Name of Employer Podiatry Associates of NM	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$61.00 This changes the YTD Total to \$500.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	14800.00

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

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

FOR LINE NUMBER: PAGE 22 / 31

(check only one)

<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 checked="" type="checkbox"/> 16

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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

Mailing Address 9312 Old Georgetown Road

City	State	Zip Code
Bethesda	MD	20814

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

Name of Employer	Occupation
------------------	------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9031.70
---	-------------------------------------

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	7

Transaction ID: 14465826

Amount of Each Receipt this Period
1216.70

Transfer Funds for Federal Operating Expenses

B. Full Name (Last, First, Middle Initial)

Citigroup/ Citigroup Global Markets Inc.

Mailing Address 100 Light St., 19th Floor

City	State	Zip Code
Baltimore	MD	21202-1036

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2030.36
---	-------------------------------------

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: 14568820

Amount of Each Receipt this Period
238.44

Interest & Dividends on Investments

SUBTOTAL of Receipts This Page (optional)

1455.14

TOTAL This Period (last page this line number only)

1455.14

**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 23 / 31

<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: 14465827

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

1216.70

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

1216.70

TOTAL This Period (last page this line number only)

1216.70

**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 24 / 31

<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. Solis For Congress		Transaction ID: 14460964 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2500.00
City Los Angeles State CA Zip Code 90048		
Purpose of Disbursement Candidate Name Rep. Hilda L. Solis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	011 Category/ Type	
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. Becerra for Congress		Transaction ID: 14465141 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 2000.00
City Los Angeles State CA Zip Code 90026		
Purpose of Disbursement Candidate Name Rep. Xavier Becerra Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	011 Category/ Type	
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 Re-Elect Vito Fossella		Transaction ID: 14465391 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address PO Box 131403 PO Box 060248		Amount of Each Disbursement this Period 4000.00
City Staten Island State NY Zip Code 10313		
Purpose of Disbursement Candidate Name Rep. Vito J. Fossella Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	011 Category/ Type	
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) ▶	8500.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Committee To Re-Elect Vito Fossella		Transaction ID: 14465393 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address PO Box 131403 PO Box 060248		Amount of Each Disbursement this Period 1000.00
City Staten Island State NY Zip Code 10313	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Vito J. Fossella		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Electio	

Full Name (Last, First, Middle Initial) B. SNOWPAC		Transaction ID: 14465053 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 7
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 3000.00
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John D. Dingell For Congress Committee		Transaction ID: 14497709 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John D. Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	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) ▶	6500.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Levin For Congress		Transaction ID: 14497763 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 37		Amount of Each Disbursement this Period 1000.00
City Roseville State MI Zip Code 48066	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Sander M. Levin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	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. Friends Of Corrine Brown		Transaction ID: 14497704 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 3109 River Bend Court D-102		Amount of Each Disbursement this Period 1000.00
City Laurel State MD Zip Code 20724	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Corrine Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 3	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. Hinojosa for Congress		Transaction ID: 14497752 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address 311 North 15th Street		Amount of Each Disbursement this Period 1000.00
City McAllen State TX Zip Code 78501	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Ruben Hinojosa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Engel For Congress		Transaction ID: 14497772 Date of Disbursement 08 / 27 / 2007	
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00	
City Bronxville	State NY	Zip Code 10708	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Candidate Name Rep. Eliot L. Engel			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 17		

Full Name (Last, First, Middle Initial) B. Spratt For Congress Committee		Transaction ID: 14497757 Date of Disbursement 08 / 27 / 2007	
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00	
City York	State SC	Zip Code 29745	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Candidate Name Rep. John M. Spratt, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: SC District: 5		

Full Name (Last, First, Middle Initial) C. A Whole Lot Of People For Grijalva Congressnl Cmte		Transaction ID: 14497751 Date of Disbursement 08 / 27 / 2007	
Mailing Address P.O. Box 1242		Amount of Each Disbursement this Period 1000.00	
City Tucson	State AZ	Zip Code 85702	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Candidate Name Rep. Raul M. Grijalva			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 7		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

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

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

Full Name (Last, First, Middle Initial) A. Porter For Congress		Transaction ID: 14497708 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89126		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Jon C. Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3	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. Pete King For Congress Committee		Transaction ID: 14497754 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address Post Office Box 1428		Amount of Each Disbursement this Period 1000.00
City Seaford State NY Zip Code 11783		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Peter T. King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 3	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. Citizens For Gillmor		Transaction ID: 14497706 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 7
Mailing Address P.O. Box 150		Amount of Each Disbursement this Period 1000.00
City Old Fort State OH Zip Code 44861		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Paul Gillmor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 5	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) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Herseth For Congress		Transaction ID: 14497771 Date of Disbursement 08 / 27 / 2007	
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00	
City Sioux Falls	State SD	Zip Code 57101	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Candidate Name Rep. Stephanie Herseth			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: SD District: 1		

Full Name (Last, First, Middle Initial) B. David Scott For Congress		Transaction ID: 14497758 Date of Disbursement 08 / 27 / 2007	
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 1000.00	
City Atlanta	State GA	Zip Code 30307	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Candidate Name Rep. David Scott			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 13		

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

26000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Janet Simon

Mailing Address Podiatry Associates of NM
8300 Carmel Ave. N.E. #501

City Albuquerque State NM Zip Code 87122

Purpose of Disbursement
Refunds of Contributions from Individual

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 14444350

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refunds of Contributions
from Individuals

SUBTOTAL of Disbursements This Page (optional) ►

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Comptroller Of Maryland		Transaction ID: 14466162 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address Revenue Administration Division		Amount of Each Disbursement this Period 892.00
City Annapolis State MD Zip Code 21411-0001	Fiscal Year 2008 State In- come Tax - Est. Tax Payme- nt 1	
Purpose of Disbursement Fiscal Year 2008 State Income Tax - Est.		001 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) B. Financial Agent - Internal Revenue Service		Transaction ID: 14466167 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 994.00
City Philadelphia State PA Zip Code	Fiscal Year 2007 Federal Income Tax	
Purpose of Disbursement Fiscal Year 2007 Federal Income Tax		001 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

Full Name (Last, First, Middle Initial) C. Comptroller Of Maryland		Transaction ID: 14466161 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 7
Mailing Address Revenue Administration Division		Amount of Each Disbursement this Period 142.00
City Annapolis State MD Zip Code 21411-0001	Fiscal 2007 State Income Tax	
Purpose of Disbursement Fiscal 2007 State Income Tax		001 Category/ Type
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:

SUBTOTAL of Disbursements This Page (optional)	2028.00
TOTAL This Period (last page this line number only)	2028.00