

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2007 through 09 30 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 10 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**

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

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 .....	289954.55									
(c) Total Receipts (from Line 19) .....	36002.61	403647.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	325957.16	653663.74								
7. Total Disbursements (from Line 31) .....	28692.66	356399.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	297264.50	297264.50								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

D	D
3	0

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	14225.00	228693.12
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	20567.00	162678.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	34792.00	391371.62
(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) .....	34792.00	391371.62
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.) .....	1210.61	12276.31
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)) .....	36002.61	403647.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36002.61	403647.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	942.66	11976.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	942.66	11976.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27750.00	335250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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)) .....	0.00	1211.00
29. Other Disbursements.....	0.00	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))..	28692.66	356399.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	28692.66	356399.24

**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) .....	34792.00	391371.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1211.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34792.00	390160.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	942.66	11976.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	942.66	11976.53

**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"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 100 Ayshire Ct.

City State Zip Code  
Slidell LA 70461-5034

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1925.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 05 / 2007

**Transaction ID:** 14518184

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jonathan A. Haber

Mailing Address 7 Aspen Dr.

City State Zip Code  
North Caldwell NJ 07006-4555

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  
09 / 10 / 2007

**Transaction ID:** 14524394

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Peter A. Miller

Mailing Address 1218 Painter Rd.

City State Zip Code  
Middlebury VT 05753-8936

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  
09 / 13 / 2007

**Transaction ID:** 14550151

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>625.00</b>
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Jay C. Goldstein		Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2007	
Mailing Address 2626 N.W. 83rd Pl.		<b>Transaction ID:</b> 14550156	
City Portland	State OR	Zip Code 97229-4151	Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Stephen G. Eichelsdorfer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 3126 Junegrass Ct.		<b>Transaction ID:</b> 14555950	
City Humble	State TX	Zip Code 77345-5431	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) <b>C.</b> Dr. Stephen M. Geller		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2007	
Mailing Address 1739 W. Laurie Ln.		<b>Transaction ID:</b> 14555959	
City Phoenix	State AZ	Zip Code 85021-5258	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> 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

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

Mailing Address 31 Blair Ct.

City State Zip Code  
Waynesburg PA 15370-8246

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  
09 / 14 / 2007

**Transaction ID:** 14555960

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Myron I. Krupp

Mailing Address 1105 LaPaloma Ct.

City State Zip Code  
Southlake TX 76092-8704

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  
09 / 14 / 2007

**Transaction ID:** 14555964

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paula F. Raugellis

Mailing Address 131 Blair Ct.

City State Zip Code  
Waynesburg PA 15370-8277

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  
09 / 14 / 2007

**Transaction ID:** 14555977

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> 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"/> 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) <b>A.</b> Dr. Perry V. Verleni		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 5330 Winhawk Way		<b>Transaction ID:</b> 14555982
City Lutz	State FL	Zip Code 33558-8038
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	
		Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Robert R. Vranes		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 7
Mailing Address 2203 Fawnfield Ln.		<b>Transaction ID:</b> 14555983
City San Antonio	State TX	Zip Code 78248-1926
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 ▼ 250.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Henry M. Asin		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 7 / 2 0 0 7
Mailing Address 1242 Westchester Dr.		<b>Transaction ID:</b> 14556273
City Oklahoma City	State OK	Zip Code 73114-1215
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 ▼ 250.00	
		Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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"/> 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) <b>A.</b> Dr. Roy R. Moeller		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 8879 Sylvan Ridge		<b>Transaction ID:</b> 14556274	
City State Zip Code Eden Prairie MN 55347-3337	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) <b>B.</b> Dr. Deborah Sue Ross		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 11 Donald Ln.		<b>Transaction ID:</b> 14556275	
City State Zip Code Ossining NY 10562-3927	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Randy K. Kaplan		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2007	
Mailing Address 6578 Post Oak Dr.		<b>Transaction ID:</b> 14556276	
City State Zip Code West Bloomfield MI 48322-3830	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> 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"/> 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. Daniel F. Ryan

Mailing Address 16288 Birchwood Ln

City State Zip Code  
Brainerd MN 56401-6183

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  
09 / 12 / 2007

**Transaction ID:** 14556368

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bradley Dewayne Nelson

Mailing Address 2409 Sunup Dr.

City State Zip Code  
Clinton OK 73601-2905

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  
09 / 14 / 2007

**Transaction ID:** 14556374

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William J. Warren

Mailing Address 2900 Hwy. 180 W.

City State Zip Code  
Mineral Wells TX 76067-8232

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  
09 / 19 / 2007

**Transaction ID:** 14569442

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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"/> 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) <b>A.</b> Dr. Joel W. Brook		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 16226 Red Cedar Trl.		<b>Transaction ID:</b> 14570748	
City State Zip Code Dallas TX 75248-3940	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Dr. David Alan Bernstein		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007	
Mailing Address 482 Virginia Ave.		<b>Transaction ID:</b> 14570749	
City State Zip Code Paoli PA 19301-1230	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Aaron W. Perkins, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2007	
Mailing Address 3 Opal Ct.		<b>Transaction ID:</b> 14570753	
City State Zip Code Johnson City TN 37604-1499	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> 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 13 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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. Odin De Los Reyes

Mailing Address 22 Wedge Dr.

City State Zip Code  
Meriden CT 06450-6966

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

Name of Employer Occupation  
Self-Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1200.00

Date of Receipt  

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

**Transaction ID:** 14570756

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael E. Drespling

Mailing Address 294 James St.

City State Zip Code  
New Wilmington PA 16142-3308

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

Name of Employer Occupation  
Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

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

**Transaction ID:** 14570757

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Shane M. Hollawell

Mailing Address 1440 Garrett Dr.

City State Zip Code  
Wall Township NJ 07719-9647

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

Name of Employer Occupation  
Podiatric Physician

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	7

**Transaction ID:** 14570770

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

Use separate schedule(s) 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"/> 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) <b>A.</b> Dr. Craig Harold Stibal		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 6535 71st Ln.		<b>Transaction ID:</b> 14570829
City State Zip Code Loretto MN 55357-9711	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) <b>B.</b> Dr. Gene J. Pusateri		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 33 Redfern Dr.		<b>Transaction ID:</b> 14576974
City State Zip Code Youngstown OH 44505-1651	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 ▼ 350.00

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Stephen H. Powless		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address Park Nicollet Clinic 3900 Park Nicollet Blvd.		<b>Transaction ID:</b> 14576998
City State Zip Code Saint Louis Park MN 55416-2620	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 350.00
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 ▼ 350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 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 <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) <b>A.</b> Dr. Scott A. Werter		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 1290 Strathmill Ct.		<b>Transaction ID:</b> 14576999	
City State Zip Code Myrtle Beach SC 29575-5881	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Dr. Lisa Cornelius		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 3206 N.W. Twinberry St.		<b>Transaction ID:</b> 14577001	
City State Zip Code Corvallis OR 97330-3341	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Donald James Carlson		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2007	
Mailing Address 711 N.W. 6th St.		<b>Transaction ID:</b> 14577002	
City State Zip Code Pendleton OR 97801-1319	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> 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"/> 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. Robert M. Gerber

Mailing Address 800 Austin St. W. Tower #508

City State Zip Code  
Evanston IL 60202

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  
09 / 26 / 2007

**Transaction ID:** 14577157

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David S. Tarr

Mailing Address 11 Jefferson Rd.

City State Zip Code  
Westford MA 01886-3803

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  
09 / 21 / 2007

**Transaction ID:** 14583029

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brian A. Dechowitz

Mailing Address 127 Pine St.

City State Zip Code  
Harrisburg PA 17101-1209

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  
09 / 24 / 2007

**Transaction ID:** 14583031

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 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) <b>A.</b> Dr. Joseph R. Setter		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 2708 McGraw Dr.		Transaction ID: 14583032
City Bloomington	State IL	Zip Code 61704-6012
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For:	Occupation Podiatric Physician	
<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>B.</b> Dr. Jeffrey Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address Affiliated Foot & Ankle Spec. of C 1117 Hwy. 46 #201		Transaction ID: 14583038
City Clifton	State NJ	Zip Code 07013-2450
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Affiliated Foot & Ankle Spec. of Clift	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Scott Frederick Jorgensen		Date of Receipt M M / D D / Y Y Y Y 09 / 24 / 2007
Mailing Address 6917 Dawson Ln.		Transaction ID: 14583045
City Edina	State MN	Zip Code 55435-1601
Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For:	Occupation Podiatric Physician	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Daniel L. Bangart		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7	
Mailing Address 7060 W. Surrey Ave.		<b>Transaction ID:</b> 14583053	
City Peoria	State AZ	Amount of Each Receipt this Period 250.00	
Zip Code 85381-5014		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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Paul F. Brezinski		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7	
Mailing Address 720 N. Kaspar Ave.		<b>Transaction ID:</b> 14583060	
City Arlington Heights	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60004-5324		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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Malcolm D. Herzog		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 7	
Mailing Address 5241 S. Cicero Ave.		<b>Transaction ID:</b> 14583078	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60632-4916		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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 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. Gary N. Grippo

Mailing Address 270 Center St. #110

City State Zip Code  
West Haven CT 06516-4400

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  
09 / 27 / 2007

**Transaction ID:** 14583165

Amount of Each Receipt this Period  
500.00

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

Mailing Address 181 County Rd. 1326

City State Zip Code  
Bridgeport TX 76426-0238

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  
09 / 28 / 2007

**Transaction ID:** 14583169

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Subodh K. Choudhary

Mailing Address 310 Raven Rd.

City State Zip Code  
Greenville SC 29615-4248

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  
09 / 28 / 2007

**Transaction ID:** 14583170

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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. Steven E. Damon

Mailing Address 399 N. Main St.

City State Zip Code  
Suffield CT 06078-1839

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  
09 / 28 / 2007

**Transaction ID:** 14583174

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Daniel Leonard Waldman

Mailing Address Blue Ridge Podiatry Associates  
246 Biltmore Ave.

City State Zip Code  
Asheville NC 28801-4142

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

Name of Employer Occupation  
Blue Ridge Podiatry 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  
09 / 28 / 2007

**Transaction ID:** 14583230

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jay G. Levine

Mailing Address 5 Walnut Ct.

City State Zip Code  
New City NY 10956-5428

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  
09 / 28 / 2007

**Transaction ID:** 14583231

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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"/> 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. Joseph E. Knochel

Mailing Address American Family Foot Health Center  
112 Whipple St. #101

City Prescott State AZ Zip Code 86301-1706

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

Name of Employer American Family Foot Health Center 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  
09 / 28 / 2007

Transaction ID: 14611231

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joaquin F. Balaguer

Mailing Address Dr. Arturo Cadilla Bldg.  
100 Paseo San Pablo #409

City Bayamon State PR Zip Code 00959

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  
09 / 28 / 2007

Transaction ID: 14611234

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gregory L. Cooper

Mailing Address 8033 Paseo Del Ocaso

City La Jolla State CA Zip Code 92037-3232

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  
09 / 28 / 2007

Transaction ID: 14611235

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>14225.00</b>

**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 type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9974.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2007

**Transaction ID:** 14568646

Amount of Each Receipt this Period  
942.66

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 Occupation  
Citigroup Global Markets, Inc. Investment Firm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2298.31

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2007

**Transaction ID:** 14633343

Amount of Each Receipt this Period  
267.95

Interest & Dividends on Investments

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1210.61
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1210.61

**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 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

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.** 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: 14568647

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

942.66

Bank Fees

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

942.66

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

942.66

**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) <b>A. Peterson For Congress</b>		<b>Transaction ID: 14524473</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7	
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Detroit Lakes MN 56501	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Collin C. Peterson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 7	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>B. Wexler for Congress Committee</b>		<b>Transaction ID: 14547901</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7	
Mailing Address 3403 Barton Road		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Pompano Beach FL 33062	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Mr. Robert Wexler			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	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>C. David Wu for Congress</b>		<b>Transaction ID: 14524484</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7	
Mailing Address 818 SW 3RD ST #1182		Amount of Each Disbursement this Period 1000.00	
City State Zip Code Portland OR 97205	011 Category/ Type		
Purpose of Disbursement			
Candidate Name David Wu			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Citizens For Harkin</b>		Transaction ID: 14524465 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines	State IA	
Zip Code 50304		
Purpose of Disbursement 011 Category/Type		
Candidate Name Sen. Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Electio	
State: IA District: 2		

Full Name (Last, First, Middle Initial) <b>B. Boyd for Congress Committee</b>		Transaction ID: 14524463 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL	
Zip Code 32317-5703		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Allen Boyd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
State: FL District: 2		

Full Name (Last, First, Middle Initial) <b>C. David Price for Congress</b>		Transaction ID: 14524474 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC	
Zip Code 27602		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. David Price		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
State: NC District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Tammy Baldwin For Congress</b>		<b>Transaction ID: 14524459</b> Date of Disbursement 09 / 10 / 2007
Mailing Address P O Box 696		Amount of Each Disbursement this Period 1000.00
City Madison State WI Zip Code 53701	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Tammy Baldwin		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) <b>B. Nathan Deal For Congress</b>		<b>Transaction ID: 14524464</b> Date of Disbursement 09 / 10 / 2007
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 2500.00
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Nathan Deal		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) <b>C. Friends Of Carolyn Mccarthy</b>		<b>Transaction ID: 14524469</b> Date of Disbursement 09 / 10 / 2007
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 1000.00
City Mineola State NY Zip Code 11501	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Carolyn McCarthy		Amount of Each Disbursement this Period 4500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 4	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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) <b>A. Andrews For Congress Committee</b>		Transaction ID: 14524456 Date of Disbursement 09 / 10 / 2007
Mailing Address P.O. Box 295		Amount of Each Disbursement this Period 1000.00
City Oaklyn State NJ Zip Code 08107	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Robert E. Andrews		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 1	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>B. Maloney For Congress</b>		Transaction ID: 14524468 Date of Disbursement 09 / 10 / 2007
Mailing Address 49 East 92nd Street		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10128	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Carolyn B. Maloney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	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>C. Citizens For John Olver For Congress</b>		Transaction ID: 14524471 Date of Disbursement 09 / 10 / 2007
Mailing Address P.O. Box 819 PO Box 819		Amount of Each Disbursement this Period 1000.00
City Amherst State MA Zip Code 01004	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John W. Olver		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

<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) <b>A. Issa For Congress</b>		Transaction ID: 14524467 Date of Disbursement 09 / 10 / 2007	
Mailing Address P O Box 760		Amount of Each Disbursement this Period 1000.00	
City Vista State CA Zip Code 92085	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Darrell E. Issa	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	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>B. Van Hollen For Congress</b>		Transaction ID: 14524482 Date of Disbursement 09 / 10 / 2007	
Mailing Address 10605 Concord St., Ste 202		Amount of Each Disbursement this Period 1000.00	
City Kensington State MD Zip Code 20895	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Chris Van Hollen	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8	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>C. Christopher Shays For Congress Committee</b>		Transaction ID: 14524478 Date of Disbursement 09 / 10 / 2007	
Mailing Address Rear Building 98 East Avenue		Amount of Each Disbursement this Period 1000.00	
City Norwalk State CT Zip Code 06851	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Christopher Shays	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. Moore For Congress</b>		<b>Transaction ID: 14524470</b> Date of Disbursement 09 / 10 / 2007	
Mailing Address PO Box 16646		Amount of Each Disbursement this Period 1000.00	
City Milwaukee State WI Zip Code 53216	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Gwen Moore	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 4	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>B. Red Rooster Leadership PAC</b>		<b>Transaction ID: 14524475</b> Date of Disbursement 09 / 10 / 2007	
Mailing Address 228 S. Washington Street Suite 115		Amount of Each Disbursement this Period 2500.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 011 Category/ Type	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) <b>C. Boucher For Congress Committee</b>		<b>Transaction ID: 14524461</b> Date of Disbursement 09 / 10 / 2007	
Mailing Address PO Box 2000		Amount of Each Disbursement this Period 1000.00	
City Abingdon State VA Zip Code 24212	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Rick Boucher	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 9	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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)

PAGE 30 / 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) <b>A. Friends of Max Baucus</b>		Transaction ID: 14572449 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7	
Mailing Address Box 586		Amount of Each Disbursement this Period 2250.00	
City Helena	State MT		Zip Code 59624
Purpose of Disbursement			011 Category/ Type
Candidate Name Senator Max Baucus			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Electio		
State: MT	District: 1		

Full Name (Last, First, Middle Initial) <b>B. Upton For All Of Us</b>		Transaction ID: 14572462 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7	
Mailing Address P.O. Box 490		Amount of Each Disbursement this Period 1000.00	
City St. Joseph	State MI		Zip Code 49085
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Fred Upton			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: MI	District: 6		

Full Name (Last, First, Middle Initial) <b>C. Volunteers For Shimkus</b>		Transaction ID: 14572454 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7	
Mailing Address P.O. Box 5458		Amount of Each Disbursement this Period 1000.00	
City Springfield	State IL		Zip Code 62705
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. John M. Shimkus			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: IL	District: 19		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4250.00
<b>TOTAL</b> 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.** Hall of Fame PAC

Mailing Address 1717 Dixie Highway  
Suite 180

City Ft. Wright State KY Zip Code 41011

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Transaction ID: 14572451

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**2500.00**

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

**27750.00**