09/19/2008 12:55

Image# 28933098500

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Otr	ner inan An	Autnorize	ea Commi	ttee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		C MAILING LAE E OR PRINT		cample:If typi er the lines	ng, type				
L	American Podiatric Medical A	ssociation	n Political Action	Committee						
Ш										
AD	DRESS (number and street)	9312	Old Georgetown	Road						
	Check if different than previously reported. (ACC)	Bethe	esda 				MD	208	314 16	98
2.	FEC IDENTIFICATION NUM	BER	—	CITY 🛕			STATEA	Z	IPCODE A	4
	C00008839		:	3. IS THIS REPOR	г	NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	`´ I	Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4	3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Ă	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Dec (No Yea	/ 20 (M11) n-Election r Only) c 20 (M12) n-Election r Only)
	Quarterly Report(Q) July 15 Quarterly Report(Q) October 15 Quarterly Report(Q)	2) (0	c) 12-Day PRE-Electic Report for the		Primary (1:		=	eral (12G) iial (12G)		noff (12R)
	January 31 Quarterly Report(YE July 31 Mid-Year Report(Non-election		 d) 30-Day	Election on					n the State of	
	Year Only) (MY) Termination Report (TER)		Post -Elect Report for the		General (3	0G)	Rund		Spe n the State of	ecial (30S)
5.	Covering Period 0 4	. 0	200	8	through	0 4	3 0	2008		
	ertify that I have examined this Fore or Print Name of Treasurer	•	d to the best of n Barney Greenber		e and belief it	is true, correct	and compl	ete.		
Sig	nature of Treasurer Electron	nically File	ed by Dr. Barn	ney Greenber	g, DPM		Date	0 9 1 9	200	0 8
NO	TE : Submission of false, error	neous, or	incomplete infor	mation may s	ubject the pe	rson signing th	is Report to	o the penalties o	f 2 U.S.C 4	.37g.
	Office Use								FORM 3	X

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

F		04 01 2008	To: 0 4 3 0 Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž00Š Y Y		322669.36
	(b) Cash on Hand at Begining of Reporting Period	415543.49	
	(c) Total Receipts (from Line 19)	85694.44	247911.04
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	501237.93	570580.40
' .	Total Disbursements (from Line 31)	71273.94	140616.41
١.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	429963.99	429963.99
١.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

2008

3^D0

2008

0.00

247911.04

247911.04

м м 0 4

To:

0 1

Write or Type Committee Name

Report Covering the Period:

American Podiatric Medical Association Political Action Committee

From:

м м 0 4

COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 164606.22 55800.00 (i) Itemized (use Schedule A) 28260.00 79039.00 (ii) Unitemized (iii) TOTAL (add 84060.00 243645.22 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 84060.00 243645.22 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 1634.44 4265.82 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5)

0.00

85694.44

85694.44

(c) Total Transfer (add 18(a) and 18(b)).

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

(subtract Line 18(c) from Line 19)

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ing Expenditures: — hared Federal/Non-Federal —		
	ctivity (from Schedule H4)	0.00	0.00
(i)	Federal Share		
(ii	,	0.00	0.00
	ther Federal Operating	1372.94	2670.41
	xpenditures ptal Operating Expenditures	1072.34	2070.41
, ,	add 21(a)(i), (a)(ii) and (b))	1372.94	2670.41
	ers to Affiliated/Other Party	0.00	0.00
3. Contrib		0.00	0.00
Federa and Ot	ll Candidates/Committeesher Political Committees	69500.00	137500.00
-	ndent Expenditure	0.00	0.00
Coordi	chedule E)nated Expenditures Made by Party	0.00	0.00
Comm (use S	ittees (2 U.S.C. 441a(d)) chedule F)	0.00	0.00
		0.00	0.00
o. Loan F	Repayments Made	0.00	
	Made	0.00	0.00
(a) In	ds of Contributions To: dividuals/Persons Other	401.00	401.00
Т	han Political Committees	401.00	401.00
` '	olitical Party Committees	0.00	0.00
()	ther Political Committees auch as PACs)	0.00	0.00
•	otal Contribution Refunds		
(a	dd Lines 28(a), (b), and (c))	401.00	401.00
9. Other	Disbursements	0.00	45.00
0. Federa	al Election Activity (2 U.S.C 431(20))		
	nared Federal Election Activity		
,	om Schedule H6)	0.00	0.00
(1)	Federal Share		
(i	i) "Levin" Share	0.00	0.00
` '	ederal Election Activity Paid Entirely ith Federal Funds	0.00	0.00
	otal Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total I	Disbursements (add Lines 21(c), 22,		
23, 24	., 25, 26, 27, 28(d), 29 and 30(c))	71273.94	140616.41
32. Total	Federal Disbursements		
(subtr	act Line 21(a)(ii) and Line 30(a)(ii)		
f., 1	ine 31)	71273.94	140616.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	84060.00	243645.22
34.	Total Contribution Refunds (from Line 28(d))	401.00	401.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	83659.00	243244.22
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1372.94	2670.41
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1372.94	2670.41

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 73 (check only one) X
, c	any information copied from such Reports and r for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any persiress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	ion Political A	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Donald P. Heilala			Date of Receipt
	Mailing Address 844 Pyle Dr., P.O. Bo Iron Mountain Area	ox 2218		04 / 01 / 2008
	City	State	Zip Code	Transaction ID: 15237286
	Kingsford FEC ID number of contributing federal political committee.	C	49802-2218	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Stephen K. Grandfield Mailing Address 7 The Thumb			Date of Receipt
				04 01 2008
	City Portage	State IN	Zip Code 46368-8706	Transaction ID: 15237289 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40000 0700	250.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Jodie Noll Sengstock			Date of Receipt
	Mailing Address 49450 Hudson Dr.			04 01 2008
	City	State	Zip Code	Transaction ID: 15237301
	Canton FEC ID number of contributing federal political committee.	C	48188-1979	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	_, -	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	
American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert M. Sage		Date of Receipt
Mailing Address 2288 Cobblestone L		04 01 2008
City <u>Beloit</u>	State Zip Code WI 53511-6716	Transaction ID: 15237302 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Associated Foot & Ankle Clinic	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Andrew H. Cohen		Date of Receipt
Mailing Address 8 Lumberman Way		0 4 0 1 2 0 0 8
City	State Zip Code	Transaction ID: 15237310
Saginaw	MI 48603-8627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mid-MI Foot & Ankle Center	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Jondelle B. Jenkins		Date of Receipt
Mailing Address J.B. Jenkins & Asso 1706 E. 87th St.	ciates	0 4 0 1 Y Y Y Y Y Y
City Chicago	State Zip Code IL 60617-2740	Transaction ID: 15237316 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer J.B. Jenkins & Associates	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
)	1750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 73 (check only one) X
A o	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associati	on Political F	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Katherine Bailey			Date of Receipt
	Mailing Address Bailey & Associates 1307 Washington St.	#100		04 01 2008
	City	State	Zip Code	Transaction ID: 15237329
	Oregon	IL	61061-1022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bailey & Associates	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
_	Full Name (Last, First, Middle Initial) Dr. Patrick A. McShane	_		Date of Receipt
	Mailing Address 2605 S. Marlan			04 01 2008
	City	State	Zip Code	Transaction ID: 15237330
	Springfield	MO	65804-4800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
	Full Name (Last, First, Middle Initial) Dr. Steven J. Berlin			Date of Receipt
	Mailing Address 6501 Red Hook Plz. #	[‡] 201		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 15237332
	St Thomas	VI	00802-1311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00]
Г	SUBTOTAL of Receipts This Page (optional) .			2250.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 73 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Podiatric Medical Association	on Political A	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Randy K. Kaplan			Date of Receipt
Mailing Address 6578 Post Oak Dr.			04 01 7 2008
City	State	Zip Code	Transaction ID: 15237426
West Bloomfield	MI	48322-3830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	7
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Walter Jacobsen			Date of Receipt
Mailing Address 6237 N. Talman Ave.			M M / D D / Y Y Y Y Y O S
City	State	Zip Code	Transaction ID: 15237428
Chicago	IL	60659-2709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Oak Lawn Foot & Ankle Cen- ter, P.C.	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert M. LoCastro	1		Date of Receipt
Mailing Address 21 Larkin St.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15237429
Huntington Station	NY	11746-4713	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Podiatric	ո Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00

[SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and States.	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Podiatric Medical Association			solicit contributions from such committee.
Δ. A .	Full Name (Last, First, Middle Initial) Dr. Kirk M. Contento			Date of Receipt
	Mailing Address 10441 Circle Dr. #14-C			04 01 2008
	City	State	Zip Code	Transaction ID: 15237430
	Oak Lawn	<u>IL</u>	60453-6409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Laura J. Pickard			Date of Receipt
	Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15237442
	Chicago FEC ID number of contributing federal political committee.	C	60634-3547	Amount of Each Receipt this Period 1000.00
	Name of Employer Norridge Foot Clinic	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. David Alan Yeager			Date of Receipt
	Mailing Address 2165 Fawn Ridge Dr.			0 4 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15237444
	Dixon	IL	61021-9502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer KSB Medical Group/Foot & Ankle Center	Occupation Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1750.00
ı				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association		on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Phillip D. Narcissi Mailing Address 19841 Wolf Rd. City Mokena FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60448-1315 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Tommy Wayne Garnett Mailing Address 70 Huckleberry Ln. City Wetumpka FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AL 36092-5908 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jeffrey S. Kahn Mailing Address 63 Murphy Dr. City Rocky Hill FEC ID number of contributing federal political committee. Name of Employer CT Foot Care Centers Receipt For: Primary General Other (specify)	State Zip Code CT 06067-2910 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		850.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 73 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Harold B. Glickman Mailing Address 11321 Berger Ter. City Potomac FEC ID number of contributing federal political committee. Name of Employer Self Employed	State MD C Occupatio Podiatric	Zip Code 20854-2017 n : Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Jay G. Levine Mailing Address 5 Walnut Ct. City New City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 10956-5428 on 2 Physician 2 Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y O 4 2 0 0 8 Transaction ID: 15244925 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Kile W. Kinney Mailing Address 3552 Carnoustie Dr. City Martinez FEC ID number of contributing federal political committee. Name of Employer The Foot & Ankle Group Receipt For: Primary General Other (specify)	, ·	Zip Code 30907-9504 In Physician Payear-to-Date ▼ 250.00	Date of Receipt M M O 6 2008 Transaction ID: 15245721 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1250.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Scott L. Shindler Mailing Address 508 James Pl. City Yankton	State Zip Code SD 57078-1830	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Shindler Foot Clinic Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. Donald R. Blum Mailing Address 6416 Wickerwood	d Dr.	Date of Receipt 0 4 0 6 2 0 0 8
City	State Zip Code	Transaction ID: 15245723
Dallas	TX 75248-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer S.W. Podiatry Associates	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Mr. Herman Hammerschmidt		Date of Receipt
Mailing Address 6 Brandon Road		04 06 7 2008
City	State Zip Code	Transaction ID: 15245724
Lawrenceville FEC ID number of contributing federal political committee.	NJ 08648-1502	Amount of Each Receipt this Period 250.00
Name of Employer New Jersey Podiatric Medi- cal Society Receipt For:	Occupation Executive Director	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optic	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 14 / 73 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associations of the commercial purposes and the commercial purposes are or for commercial purposes.	the name and address of a	any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Steven Joseph Merckx Mailing Address 6 Drumhill Cir.			Date of Receipt 0 4 0 6 2 0 0 8
City Madison FEC ID number of contributing		Code /17-1075	Transaction ID: 15245727 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) ▼	Occupation Podiatric Physici Aggregate Year-to-		1
Full Name (Last, First, Middle Initial) Dr. Theodore Polizos Mailing Address Comprehensive Polizos 1734 W. Algonquin	Rd.		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Arlington Heights FEC ID number of contributing federal political committee.	•	Code 005-3405	Transaction ID: 15245728 Amount of Each Receipt this Period 300.00
Name of Employer Comprehensive Pod. Med. Services Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physici Aggregate Year-to-]
Full Name (Last, First, Middle Initial) Dr. Richard W. Peffley Mailing Address Salem Foot Clinic			Date of Receipt 0 4 0 6 2 0 0 8
350 Miller St. S.E. City Salem FEC ID number of contributing federal political committee.	•	Code 802-4248	Transaction ID: 15245729 Amount of Each Receipt this Period 1000.00
Name of Employer Salem Foot Clinic	Occupation Podiatric Physici	ian	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	I)		1550.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / /3 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	iation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Barry E. Wesselowski			Date of Receipt
Mailing Address 2901 Majestic Dr.			0 4 0 6 2 0 0 8
City	State	Zip Code	Transaction ID: 15245731
Independence FEC ID number of contributing federal political committee.	C	67301-1519	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Bruce G. Blank			Date of Receipt
Mailing Address Achilles Foot & An 92 N. 4th St. #27	kle Surgery		04 06 7 2008
City <u>Martins Ferry</u>	State OH	Zip Code 43935-1600	Transaction ID: 15245733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000 1000	500.00
Name of Employer Achilles Foot & Ankle Sur-	Occupatio Podiatrio	n Physician	
gery Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Derek Dalling			Date of Receipt
Mailing Address 1000 W. St. Josep P.O. Box 15339	h #200		0 4 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lansing	State MI	Zip Code 48901-5339	Transaction ID: 15245735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40001 0000	250.00
Name of Employer Self-Employed	Occupatio Podiatric	n Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (options	al)		1250.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 16 / 73 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements may not be sold the name and address of any	or used by any perso political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa			
Full Name (Last, First, Middle Initial) Dr. Joseph M. Hughes			Date of Receipt
Mailing Address 2311 Ocean View D	or.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Coo	de	Transaction ID: 15245736
Signal Hill	CA 90755-	3778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Los Alamitos Foot Center	Occupation Podiatric Physician		
Receipt For:	Aggregate Year-to-Dat		7
Primary General Other (specify) ▼	33 13 13 13 3 34	300.00	
Full Name (Last, First, Middle Initial) Dr. Donald G. Hovancsek	1		Date of Receipt
Mailing Address 7520 Sandy Point F	Rd. N.E.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Coo	de	Transaction ID: 15245738
Olympia	WA 98516-	9575	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Podiatric Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Dat	e ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark E. Pinker			Date of Receipt
Mailing Address Pinker & Associates 47 Brookwood Ave.	3		04 / 06 / 1998
City	State Zip Coo	de	Transaction ID: 15245739
<u>Carlisle</u>	PA 17013-	9126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Pinker & Associates	Occupation Podiatric Physician		
Receipt For:	Aggregate Year-to-Dat	e ▼	
Primary General Other (specify) ▼		250.00	

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 73 (check only one) X
\ \ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associat	ion Political A	ction Committee	
	Full Name (Last, First, Middle Initial) Dr. Kert W. Howard			Date of Receipt
	Mailing Address 7688 W. Portneuf Rd			04 06 2008
	City	State	Zip Code	Transaction ID: 15245740
	Pocatello	ID	83204-7336	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Pocatello Podiatry Associ- ates	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. Joseph Ryan Treadwell			Date of Receipt
	Mailing Address 15 Lantern Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15245743
	Farmington	<u>CT</u>	06032-3333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. Scott Altman			Date of Receipt
	Mailing Address 185 E. 85th St. #23H			0 4 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15245745
	New York	NY	10028-2147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 73 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Podiatric Medical Associati	on Political Ad	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Rusty Lee Cain			Date of Receipt
Mailing Address 824 8th St.			04 06 2008
City	State	Zip Code	Transaction ID: 15245746
Fairmont	WV	26554-2561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Doctors Foot Center	Occupation Podiatric		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. William Schlorff			Date of Receipt
Mailing Address 345 E. Central Ave.			04 06 7 2008
City	State	Zip Code	Transaction ID: 15245747
Jersey Shore	PA	17740-6979	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Podiatric		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Amy B. Schunemeyer			Date of Receipt
Mailing Address 4611 Loreauville Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15245748
New Iberia	LA	70563-0997	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Foot Specialists of Acadi- ana	Occupation Podiatric		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional) .	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 73 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any perso the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson		Date of Receipt
Mailing Address 201 68th PI.		04 06 2008
City	State Zip Code	Transaction ID: 15245749
Kenosha	WI 53143-5137	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 500.00	1
Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0 0 0 0 0 0 0	1
Dr. Stuart L. Tessler Mailing Address 3 49th Ave.		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15245750
Isle Of Palms	SC 29451-2609	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Charleston Podiatry	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Stephen D. Palmer		Date of Receipt
Mailing Address Columbia Foot & A 6100 Day Long Ln.		04 06 7 2008
City	State Zip Code	Transaction ID: 15245753
Clarksville	MD 21029-1631	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Columbia Foot & Ankle Ass- oc.	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00]
CURTOTAL of Provints This Provints	J)	1300.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 73 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any personant the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Michael Q. Davis		Date of Receipt
Mailing Address 757 Poplar Church	Rd.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15245758
Camp Hill	PA 17011-2314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Pennsylvania Podiatric Me- dical Assoc.	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Leonard F. Pinto, Jr.	1	Date of Receipt
Mailing Address 7 Marie Cir.		04 06 2008
City	State Zip Code	Transaction ID: 15245759
<u>Holbrook</u>	MA 02343-1462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Canton Podiatry Associates	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Rudolf W. Cisco		Date of Receipt
Mailing Address 3739 Timber Walk	Dr.	0 4 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15245761
Gainesville	GA 30506-3666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
	I)	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 73 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	ation Political A	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Bradford W. Glass			Date of Receipt
Mailing Address 4603 Island Dr.			04 06 2008
City Midland	State TX	Zip Code 79707-1406	Transaction ID: 15245762 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	79707-1400	250.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lloyd S. Smith	<u> </u>		Date of Receipt
Mailing Address 65 Hartman Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Nouton Contor	State MA	Zip Code	Transaction ID: 15245763
Newton Center FEC ID number of contributing federal political committee.	C	02459-3035	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation	n Physician	
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Dr. Richard A. A. Altwerger			Date of Receipt
Mailing Address Village Medical Arts 77 Miller Rd. #202	s Complex		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Castleton On Hudso	State NY	Zip Code 12033-4022	Transaction ID: 15245764 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000 4022	500.00
Name of Employer Collar City Podiatry	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	.0		1250.00

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpos	es, other than using the name and a	nay not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITT American Podiatrio	EE (In Full) c Medical Association Political	Action Committee	
Full Name (Last, First, Dr. Richard S. Eisner	, 		Date of Receipt
Mailing Address 27			04 06 2008
City <u>S</u> alem	State MA	Zip Code 01970-2847	Transaction ID: 15245765 Amount of Each Receipt this Period
FEC ID number of cor federal political commi	ntributing	01370 2047	250.00
Name of Employer Self Employed	Occupa Podiatr	tion ric Physician	
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 250.00	
Full Name (Last, First, Dr. Marc S. Bruell	, 		Date of Receipt
Mailing Address 11	45 Ryder Rd.		04 06 2008
City	State	Zip Code	Transaction ID: 15245771
Chesterton	IN	46304-3453	Amount of Each Receipt this Period
FEC ID number of cor federal political commi	ttee.		300.00
Name of Employer Lakeshore Bone & Joi	nt In-	tion ric Physician	
stitute Receipt For:		ate Year-to-Date V	
Other (specify)	General	300.00	
Full Name (Last, First, Dr. Jon A. Hultman	Middle Initial)		Date of Receipt
Mailing Address 20	11 Thayer Ave.		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 4 & & 0 & 6 & & 2 & 0 & 0 & 8 \end{bmatrix}$
City	State	Zip Code	Transaction ID: 15245773
Los Angeles	CA	90025-5296	Amount of Each Receipt this Period
FEC ID number of cor federal political commi			500.00
Name of Employer Self Employed		ric Physician	
Receipt For: Primary	Aggrega General	ate Year-to-Date ▼	-
Other (specify)		500.00	
SUBTOTAL of Receipts	This Page (optional)		1050.00
	t page this line number only)	<u> </u>	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio	name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Candace Daly Mailing Address 1296 W. 475 S. City Farmington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State UT C Occupation Podiatric Aggregate		Date of Receipt M M M O 6 2008 Transaction ID: 15245774 Amount of Each Receipt this Period 250.00
<u>—</u> В.	Full Name (Last, First, Middle Initial) Dr. Joseph A. Sciandra Mailing Address 100 4 Seasons E. City Amherst FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NY C Occupation Podiatric Aggregate		Date of Receipt M M O O O O O O O O O O O O O O O O O
c .	Full Name (Last, First, Middle Initial) Dr. Rosario J. LaBarbera Mailing Address 321 Union Brick Rd. City Blairstown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State NJ C Occupation Podiatric Aggregate		Date of Receipt M M M O 6 2008 Transaction ID: 15245777 Amount of Each Receipt this Period 300.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	1050.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 73 (check only one) X
	d Statements may not be sold or used by any person the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Edward Patrick Smith, Jr.		Date of Receipt
Mailing Address 148 Park St.	State 7in Code	04 06 2008
City <u>Springfield</u>	State Zip Code VT 05156-3034	Transaction ID: 15245778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey R. DeSantis		Date of Receipt
Mailing Address 2611 Circle Dr.		04 06 7 2008
City	State Zip Code	Transaction ID: 15245783
Newport Beach	CA 92663-5616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Dr. Eric R. Hubbard	I	Date of Receipt
Mailing Address 3530 Weston		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15245785
Long Beach	CA 90807-3818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]
CURTOTAL of Passints This Pass (autional)	1900.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Franklin Kase		Date of Receipt
Mailing Address 2675 Basil Ln.		04 / 06 / 4 2008
City	State Zip Code	Transaction ID: 15245787
Los Angeles	CA 90077-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Burbank Podiatry Associat- es Group	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Dr. Harry Goldsmith		Date of Receipt
Mailing Address 19224 Trentham Av	е.	04 06 2008
City	State Zip Code	Transaction ID: 15245788
Cerritos	CA 90703-7269	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Tracy L. Basso		Date of Receipt
Mailing Address 3216 Shelter Love A	ve.	0 4 0 6 2 0 0 8
City	State Zip Code	Transaction ID: 15245789
<u>Davis</u>	CA 95616-2628	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
)	1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 73 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Scott E. Hughes Mailing Address 1060 N. Monroe St.			Date of Receipt
City Monroe	State MI	Zip Code 48162-3113	Transaction ID: 15245790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupatio	n Physician	1000.00
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mr. Christian H. Kindsvatter Mailing Address 1000 W. St. Joseph P.O. Box 15339	#200		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15245791
Lansing	MI	48901-5339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Michigan Poldiatric Medic- al Associatio Receipt For:		Physician	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) Dr. Irvin O. Kanat			Date of Receipt
Mailing Address 4800 Hardwoods Dr			04 06 2008
City	State	Zip Code	Transaction ID: 15245795
West Bloomfield	MI	48323-2641	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	`		2100.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	1 19 11 19 11
American Podiatric Medical Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. L. Denise Highland		Date of Receipt
Mailing Address 21409 Kelly Rd. #200 City	State Zip Code	0 4 0 6 2 0 0 8 Transaction ID: 15245796
<u>Eastpointe</u>	MI 48021-3264	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Kevan R. Kreitman		Date of Receipt
Mailing Address 30160 Mayfair Dr.		04 / 06 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15245797
Farmington Hills	MI 48331-2156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Shores Podiatry Associates	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Dr. Oleh Roman Lawrin	-	Date of Receipt
Mailing Address 4595 Nathan Dr.		04 06 4 2008
City Sterling Heights	State Zip Code MI 48310-2658	Transaction ID: 15245798 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	375.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 475.00	7
Other (specify) ▼		<u> </u>
SUPTOTAL of Descripts This Dags (entional)	I	975.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associati	ion Political A	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Kevin J. Moran Mailing Address 66 Willard Bd.			Date of Receipt
		State	Zip Code	04 06 2008
	City Westminster	MA	01473-1201	Transaction ID: 15245799 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Fallon Clinic	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
- В.	Full Name (Last, First, Middle Initial) Dr. David M. Moss			Date of Receipt
	Mailing Address 4740 Bonnie Ct.			0 4 0 6 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15245800
	West Bloomfield	MI	48322-4467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Self Employed	Occupation Podiatric	on c Physician	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		675.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Marie Delewsky	1		Date of Receipt
	Mailing Address 1480 Oak Hollow Dr.			0 4 0 6 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 15245801
	Milford	MI	48380-4263	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Self Employed		Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		300.00	
	SUBTOTAL of Receipts This Page (optional)	1		1125.00
f	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associat	Statements may not be sold or used by any personen name and address of any political committee to on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Lyman H. Wilson Mailing Address 2220 E. Fruit St. #214 City Santa Ana FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92701-4459 C Occupation Podiatric Physician Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y O 4 2 0 0 8 Transaction ID: 15246412 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Dr. Craig S. Friedman Mailing Address 3734 Ashley Way City Owings Mills FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code MD 21117-1400 C Occupation Podiatric Physician Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Lawrence B. Harkless Mailing Address 1079 St. Andrews Dr. City Upland FEC ID number of contributing federal political committee. Name of Employer Western University of Health Sciences	State Zip Code CA 91784-9144 C Occupation Podiatric Physician	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 300.00	850.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 73 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kevin Holton Mailing Address 2805 Jasmine Ct.			Date of Receipt
City Saint Cloud	State MN	Zip Code 56301-9467	Transaction ID: 15246418 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer St. Cloud Orthopedics	Occupatio		500.00
Receipt For: Primary General Other (specify)	 	Physician Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert Paul Taylor Mailing Address 10809 Canoe Rd.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15246419
Frisco	TX	75035-7309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert J. Hilkemann	•		Date of Receipt
Mailing Address 13427 Seward			04 07 2008
City	State	Zip Code	Transaction ID: 15246420
Omaha FEC ID number of contributing federal political committee.	C	68154-3820	Amount of Each Receipt this Period 500.00
Name of Employer Foot & Ankle Center of NE	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	\		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 73 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Associations and the commercial purposes and the commercial purposes are considered as a commercial purposes.	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
American Podiatric Medical Assoc	ciation Political A	ction Committee	
Full Name (Last, First, Middle Initial) Dr. Stanley J. Phillips			Date of Receipt
Mailing Address 9712 N. Canterbui	ry Park Cir.		0 4 0 7 2 0 0 8
City	State	Zip Code	Transaction ID: 15246421
Highland FEC ID number of contributing federal political committee.	C	84003-3701	Amount of Each Receipt this Period 250.00
Name of Employer N. Valley Surgical Associ- ates	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robin C. Ross			Date of Receipt
Mailing Address Shelter Island Pod 2A Hudson Ave., F			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15247124
Shelter Island	NY	11964-1023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Shelter Island Podiatry	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Robert D. Rampino			Date of Receipt
Mailing Address 10 Princeton Dr.			04 07 2008
City	State	Zip Code	Transaction ID: 15247174
<u>Manalapan</u>	NJ	07726-3216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Self Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	D		600.00

SCHEDULE A (FE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, NAME OF COMMITTEE	other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, M Dr. Roy R. DeFrancis Mailing Address 66 Br City Snyder FEC ID number of contrifederal political committee Name of Employer Self Employed Receipt For: Primary Other (specify)	State NY buting e. Occupat Podiatr	Zip Code 14226-4303 ion ic Physician te Year-to-Date ▼ 250.00	Date of Receipt M M M O 7 2008 Transaction ID: 15247175 Amount of Each Receipt this Period 250.00
Full Name (Last, First, M Dr. Jan David Tepper Mailing Address 195 E City Upland FEC ID number of contrifederal political committee Name of Employer Self Employed Receipt For: Primary Other (specify)	State CA buting e. Occupat Podiatr	Zip Code 91784-1150 ion ic Physician tte Year-to-Date ▼	Date of Receipt M M M O T O T Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Columbus FEC ID number of contri federal political committe Name of Employer Self Employed Receipt For:	State OH buting e. Occupat Podiatr	Zip Code 43204-4964 ion ic Physician tte Year-to-Date ▼ 500.00	Date of Receipt M M M O 7 2008 Transaction ID: 15247186 Amount of Each Receipt this Period 500.00
	nis Page (optional)age this line number only)	<u>.</u>	1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / /3 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associ	<u> </u>		
Full Name (Last, First, Middle Initial) Dr. Thomas C. Atwood			Date of Receipt
Mailing Address Western Foot & An 2122 9th St. #3	kle Care		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Greeley	State CO	Zip Code 80631-3089	Transaction ID: 15247189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Western Foot & Ankle Care	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jerauld D. Ferritto, Jr.			Date of Receipt
Mailing Address 2396 Club Rd.			04 / 07 / 2008
City	State	Zip Code	Transaction ID: 15247194
Upper Arlington FEC ID number of contributing federal political committee.	OH C	43221-4005	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
Receipt For: Primary General	- ' '	e Year-to-Date ▼	1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) Dr. Anthony P. Tocco	•		Date of Receipt
Mailing Address 700 Riverside Dr.			04 07 2008
City Ormond Beach	State FL	Zip Code 32176-7814	Transaction ID: 15282024
FEC ID number of contributing federal political committee.	C	32170-7614	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements maname and add	y not be sold or used by any persodress of any political committee to	
American Podiatric Medical Association	n Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Gary N. Grippo			Date of Receipt
Mailing Address 270 Center St. #110			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15320074
West Haven	CT	06516-4400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan J. Key			Date of Receipt
Mailing Address 1892 Shephard Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15320075
<u>Hamden</u>	CT	06518-1856	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Affiliated Foot Surgeons	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Devang C. Patel			Date of Receipt
Mailing Address 520 West Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15320076
Norwalk	CT	06850-4034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupatio Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 73 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa		•	
Full Name (Last, First, Middle Initial) Dr. Peter A. Blume			Date of Receipt
Mailing Address 22 Timber Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Woodbridge	State CT	Zip Code 06525-1835	Transaction ID: 15320079 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00020 1000	250.00
Name of Employer Blume Pod. Group/Aff. Foot Surgeons Receipt For: Primary General	 	n Physician e Year-to-Date ▼	
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Carlton G. Purvis			Date of Receipt
Mailing Address 309 Old Coach Rd.			04 10 2008
City Rocky Mount	State NC	Zip Code 27804-2134	Transaction ID: 15320084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	27004-2104	300.00
Name of Employer Purvis Foot & Ankle Center	Occupation	n Physician	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. John Steven Steinberg			Date of Receipt
Mailing Address 1709 Landon Hill Ro	d.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Vienna	State VA	Zip Code 22182-1653	Transaction ID: 15320086
FEC ID number of contributing federal political committee.	C	221021000	Amount of Each Receipt this Period 500.00
Name of Employer Georgetown University - Limb Center Receipt For:	_ , '	Physician	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 73 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Steven E. Damon Mailing Address 399 N. Main St. City Suffield FEC ID number of contributing federal political committee. Name of Employer Self Employed	State CT C Occupatio	Zip Code 06078-1828	Date of Receipt M M J D D J Z D O 8 Transaction ID: 15320088 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Nancy T. Ray Mailing Address P.O. Box 327 City Warrenton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 97146-0327	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 0 2 0 0 8 Transaction ID: 15320225 Amount of Each Receipt this Period 400.00
Full Name (Last, First, Middle Initial) Dr. Marc Steven Maikon Mailing Address 1750 Emerald Ct. City Robins FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 52328-9651 on 2 Physician 2 Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 15332573 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			900.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 73 (check only one) X
or for co	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) rican Podiatric Medical Associatio	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full N	lame (Last, First, Middle Initial) istin K. Titko			Date of Receipt
Mailir	g Address 11092 Allenhurst Blvd.			04 10 2008
City Cinc	innati	State OH	Zip Code 45241	Transaction ID: 15332579 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	С		1000.00
Name Self E	of Employer Employed	Occupation Podiatric	n : Physician	
Rece	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Dr. Ri	lame (Last, First, Middle Initial) chard L. Evans ig Address 39755 Murrieta Hot Sp	I orings Rd. #I	D1	Date of Receipt
City		State	Zip Code	0 4 1 0 2 0 0 8 Transaction ID: 15332580
<u>Murr</u>	ieta	CA	92563-9110	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Self E	e of Employer Employed	Occupation Podiatric	n : Physician	
Rece	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial) Kenneth Durham			Date of Receipt
Mailir	g Address 4813 Coachlight Ct.			0 4 1 0 2 0 0 8
City Alba	nv.	State GA	Zip Code	Transaction ID: 15332585
FEC	ID number of contributing al political committee.	C	31721-9190	Amount of Each Receipt this Period 250.00
Name Albar	e of Employer ly Podiatry Associates	Occupation Podiatric	n : Physician	
Rece	pt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)		\	1500.00

	ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information for for comm	tion copied from such Reports and Sercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	DF COMMITTEE (In Full) an Podiatric Medical Associati	on Political A	action Committee	
Dr. Terer	ne (Last, First, Middle Initial) nce Scott Pedersen			Date of Receipt
Mailing A	Address 122 Lake Shore Dr.			04 / 10 / 2008
City Utica		State SD	Zip Code 57067-5910	Transaction ID: 15332590 Amount of Each Receipt this Period
FEC ID	number of contributing olitical committee.	C	070070010	250.00
<u>le Cente</u>		Occupation Podiatric	n : Physician	
	For: imary ☐ General her (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
Dr. Kirk \				Date of Receipt
Mailing A	Address 44 Monroe Dr.			04 14 2008
City		State	Zip Code	Transaction ID: 15345664
FEC ID	persburg number of contributing solitical committee.	C	17201-7914	Amount of Each Receipt this Period 500.00
Name of Self Em	Employer ployed	Occupation Podiatric	n : Physician	
	For: mary General her (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ne (Last, First, Middle Initial) eth L. Hobbs			Date of Receipt
Mailing A	Address 714 Fairlawn Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 15345667
	number of contributing olitical committee.	C	66606-2337	Amount of Each Receipt this Period 250.00
Name of Self Em	Employer ployed	Occupation Podiatric	n : Physician	
	For: imary ☐ General her (specify) ♥		e Year-to-Date ▼ 250.00	
SUBTOTA	L of Receipts This Page (optional) .			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	nd Statements may not be sold or used by any perso g the name and address of any political committee to iation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Lawrence A. Santi Mailing Address 31 Mayflower Ave. City Williston Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NY 11596-1517 C Occupation Podiatric Physician Aggregate Year-to-Date 250.00	Date of Receipt M M M / 22 / 2008 Transaction ID: 15355572 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Daniel Leonard Waldman Mailing Address Blue Ridge Podiatr 246 Biltmore Ave. City Asheville FEC ID number of contributing federal political committee.	y Associates State Zip Code NC 28801-4142	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Blue Ridge Foot Centers Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Dr. Steven H. Glickman Mailing Address 4821 Park Hill Ct. City West Bloomfield FEC ID number of contributing federal political committee.	State Zip Code MI 48323-3557	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Associati	ion Political <i>A</i>	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Joel M. Lerner			Date of Receipt
	Mailing Address 4 Wilderness Trl.			04 23 2008
	City Warren	State NJ	Zip Code 07059-5514	Transaction ID: 15358300
	FEC ID number of contributing federal political committee.	C	07035-3314	Amount of Each Receipt this Period 500.00
	Name of Employer Foot & Ankle Physicians	Occupation Podiatric	n Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Deborah A. DeRose			Date of Receipt
	Mailing Address 880 Old Post Rd.			04 23 2008
	City	State	Zip Code	Transaction ID: 15358301
	<u>Fairfield</u>	CT	06430-8403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Vincent J. Hetherington			Date of Receipt
	Mailing Address 21948 Shagbark Trl.			04 23 2008
	City	State	Zip Code	Transaction ID: 15358305
	Strongsville	OH	44149-2280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OH College of Pod. Med.		: Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Г	SUBTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions
American Podiatric Medical Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Grace D. Pascual		Date of Receipt
Mailing Address 86274 Alamihi St.		04 23 2008
City	State Zip Code	Transaction ID: 15358306
Waianae	HI 96792-2911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Queens Clinic @ Hilton Ha- waiian Villag	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Bruce M. Jacob		Date of Receipt
Mailing Address 4319 Foxpointe Dr.		04 23 2008
City	State Zip Code	Transaction ID: 15358307
West Bloomfield	MI 48323-2615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1050.00
Name of Employer Bruce Jacob, DPM, P.C.	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) Dr. David M. Colannino		Date of Receipt
Mailing Address Greenville Foot & A 41 Sanderson Rd. #		04 23 7 2008
City	State Zip Code	Transaction ID: 15359305
Smithfield	RI 02917-2603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Greenville Foot & Ankle Specialists	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional		1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any persone name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Podiatric Medical Associate	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Dennis Martin Chaney		Date of Receipt
Mailing Address 614 Wishing Star		04 23 2008
City	State Zip Code	Transaction ID: 15359307
San Antonio FEC ID number of contributing	TX 78258-4112	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Alamo Family Foot & Ankle Care	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. David Glen Wade		Date of Receipt
Mailing Address 1804 Elmhurst Ave.		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15359796
Nichols Hills	OK 73120-4718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. G. Marc Conner		Date of Receipt
Mailing Address 1077 Crystal Basin D)r.	0 4 2 3 2 0 0 8
City	State Zip Code	Transaction ID: 15359798
Colorado Springs	CO 80921-7639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Colorado Springs Health Partners	Occupation Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
CUPTOTAL (D Ti: D /)		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 73 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. William S. Lynde Mailing Address 1568 Doe Trail Ln. City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Yardley FEC ID number of contributing	PA	19067-4054	Amount of Each Receipt this Period
	federal political committee. Name of Employer Newtown Podiatry Receipt For:		n Physician e Year-to-Date ▼	250.00
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		250.00]
3.	Dr. Thomas S. Miller Mailing Address Podiatry Associates 1084 S. Ribaut Rd. #A City	State	Zip Code	Date of Receipt 0 4 2 3 2 0 0 8 Transaction ID: 15359801
	Beaufort FEC ID number of contributing federal political committee. Name of Employer	SC C Occupatio	29902-5437	Amount of Each Receipt this Period 250.00
	Podiatry Associates Receipt For: Primary General Other (specify)	Podiatric	Physician Pyear-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Dr. Joel L. L. Spivack Mailing Address 978 Rt. 45	ı		Date of Receipt 0 4 2 3 2 0 0 8
	City	State	Zip Code	Transaction ID: 15359802
	Pomona FEC ID number of contributing federal political committee.	C	10970-3516	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	, '	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

Daphne AL 36526 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Southeast Podiatry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City Brightwaters State Zip Code Brightwaters NY 11718-1025 Amount of Each Receipt this Amount of Each Receipt this Amount of Each Receipt this	\rightarrow $-$	(check only one) X 11a 11b 11c 12	Use separate schedule(s) for each category of the Detailed Summary Page	•	SCHEDULE A (FEC Form TEMIZED RECEIPTS	
A. American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Charles D. Anderson Mailing Address 306 Chautauqua Ave. City State Zip Code Norman OK 73069-5504 FEC ID number of contributing federal political committee. Name of Employer Address 20930 State Rd. 181 City State Zip Code Daphne AL 36526 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Bremt Martin Harwood Mailing Address 20930 State Rd. 181 City State Zip Code Daphne AL 36526 FEC ID number of contributing federal political committee. Name of Employer Southeast Podiatry Receipt For: Primary General Other (specify) ▼ Date of Receipt this Date of Rec	contributions committee.	on for the purpose of soliciting contribution solicit contributions from such committee	y not be sold or used by any persodress of any political committee to	n Reports and Statements ma r than using the name and ad	Any information copied from such Repor or for commercial purposes, other than u	
A. Dr. Charles D. Anderson Mailing Address 306 Chautauqua Ave. City Sitate Zip Code OK 73069-5504 FEC ID number of contributing federal political committee. Name of Employer Anderson Foot & Ankle Clinics Receipt For: Primary General Other (specify) ▼ PEC ID number of contributing federal political committee. Date of Receipt this Date of Receipt this Transaction ID: 15359804 Amount of Each Receipt this Pocupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt Date of Receipt this			ction Committee	· ·	` '	
City State Zip Code Norman OK 73069-5504 FEC ID number of contributing federal political committee. Name of Employer Southeast Politary General Other (specify) ▼		Date of Receipt			Dr. Charles D. Anderson	∠ A .
Norman OK 73069-5504 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Southeast Podiatry Primary General Other (specify) ▼	2008	04 23 200				
FEC ID number of contributing federal political committee. Name of Employer Anderson Foot & Ankle Clinic Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Brient Martin Harwood Mailing Address 20930 State Rd. 181 City State Zip Code Daphne AL 36526 FEC ID number of contributing federal political committee. Name of Employer Southeast Podiatry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City State Zip Code Amount of Each Receipt this C C Primary General Dother (specify) ▼ FUI Name (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City State Zip Code Brightwaters Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. C C Path Mark (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City State Zip Code Brightwaters Ny 11718-1025 FEC ID number of contributing federal political committee. Name of Employer Self Employer			•		·	
nic Receipt For:	250.00		73069-5504		FEC ID number of contributing	
Receipt For:		1		'		
Dr. Brent Martin Harwood Mailing Address 20930 State Rd. 181 City Daphne AL 36526 FEC ID number of contributing federal political committee. Name of Employer Southeast Podiatry Primary Other (specify) ▼ City Full Name (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City Brightwaters FEC ID number of contributing federal political committee. City Brightwaters FEC ID number of contributing federal political committee. City Brightwaters FEC ID number of contributing federal political committee. City Brightwaters FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼			Year-to-Date ▼	Aggregate	Receipt For: Primary General	
City State Zip Code Daphne AL 36526 Name of Employer Southeast Podiatry Primary General Other (specify) ▼ Date of Receipt For: Prill Name (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City State Zip Code Brightwaters NY 11718-1025 Transaction ID: 15359807 Name of Employer Southeast Podiatry Podiatric Physician Date of Receipt Date of Receipt Mailing Address 49 West Ln. Dat				,	Dr. Brent Martin Harwood	- 3.
Daphne AL 36526 FEC ID number of contributing federal political committee. Name of Employer Southeast Podiatry Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City State Zip Code Brightwaters FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Name of Employer Self Employed Receipt For: Primary General Occupation Podiatric Physician Aggregate Year-to-Date ▼ Cocupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00	2008			ate Rd. 181	Mailing Address 20930 State Ro	
FEC ID number of contributing federal political committee. Name of Employer Southeast Podiatry Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Date of Receipt Mailing Address 49 West Ln. City State Zip Code Brightwaters FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Transaction ID: 15359807 Amount of Each Receipt this Aggregate Year-to-Date ▼		Transaction ID: 15359806	•		•	
Name of Employer Southeast Podiatry Receipt For: Primary General Other (specify) ▼ C. Pull Name (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City Brightwaters FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Occupation Podiatric Physician Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 15359807 Amount of Each Receipt this Occupation Podiatric Physician Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	this Period	Amount of Each Receipt this Perio	36526			
Receipt For: Primary	1000.00	1000.		<u> </u>	federal political committee.	
Primary General Other (specify) ▼ Tourn Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln.				'	Name of Employer Southeast Podiatry	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City Brightwaters NY 11718-1025 FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Occupation Podiatric Physician Aggregate Year-to-Date ▼ 1000.00			Year-to-Date ▼			
Dr. Dr. Bruce J. J. McLaughlin Mailing Address 49 West Ln. City Brightwaters FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Primary Date of Receipt M M M / D D D / Y 2 3 Transaction ID: 15359807 Amount of Each Receipt this			1000.00	ai		
City State Zip Code Brightwaters NY 11718-1025 FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Receipt For: Primary General O 4 2 3 Transaction ID: 15359807 Amount of Each Receipt this		Date of Receipt		Initial)	,	-).
Brightwaters NY 11718-1025 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Receipt For: Primary General Aggregate Year-to-Date ▼	2008			Ln.	Mailing Address 49 West Ln.	
FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Receipt For: Primary General C Occupation Podiatric Physician Aggregate Year-to-Date ▼		Transaction ID: 15359807	·		•	
Name of Employer Self Employed Receipt For: Primary General Occupation Podiatric Physician Aggregate Year-to-Date 1000.00	this Period	Amount of Each Receipt this Perio	11718-1025			
Receipt For: Primary General Aggregate Year-to-Date 1000.00	1000.00	1000.		C		
Primary General				'	Name of Employer Self Employed	
1000 00			Year-to-Date ▼			
			1000.00	al		
SUBTOTAL of Receipts This Page (optional)	2250.00	2250.		age (optional)	SUBTOTAL of Receipts This Page (on	ſ

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
or f	y information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Podiatric Medical Association	on Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Jack A. Koch			Date of Receipt
	Mailing Address 2937 Cardamon Ln.			04 / 17 / 2008
	City Fullerton	State CA	Zip Code 92835-4307	Transaction ID: 15361853 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32003 4007	250.00
٠	Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Lawrence R. Hufford			Date of Receipt
	Mailing Address 110 Main St.			04 21 2008
	City	State	Zip Code	Transaction ID: 15361887
•	Hamilton FEC ID number of contributing federal political committee.	C	45013-3137	Amount of Each Receipt this Period 250.00
•	Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert C. Brace			Date of Receipt
	Mailing Address 2000 N. 8th St.			04 21 2008
	City	State	Zip Code	Transaction ID: 15361894
	Mcallen FEC ID number of contributing federal political committee.	C	78501-2263	Amount of Each Receipt this Period 500.00
•	Name of Employer Foot Center of McAllen	Occupatio Podiatric	n Physician	
-	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	JBTOTAL of Receipts This Page (optional) .	1		1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 73 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associations (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Kathryn Riffe Mailing Address 5000 Honeysuckle	Dr.		Date of Receipt
City Milan FEC ID number of contributing	State TN	Zip Code 38358-6440	Transaction ID: 15361908 Amount of Each Receipt this Period
Name of Employer Self Employed		Physician	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael R. Joyce Mailing Address 519 S. Van Buren F	Rd. #D		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15370963
Eden	NC	27288-5015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation Podiatric	ⁿ Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Wesley L. Daniel	•		Date of Receipt
Mailing Address 751 Little John Cir.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 15370964
Gainesville FEC ID number of contributing federal political committee.	GA C	30501-2025	Amount of Each Receipt this Period 250.00
Name of Employer Gainesville Podiatry Clin- ic		Physician	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 73 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Associat			
Full Name (Last, First, Middle Initial) Dr. Todd A. Harrison Mailing Address 18819 Fountain Ter. City Hagerstown FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 21742-2670 n E Physician e Year-to-Date ▼ 250.00	Date of Receipt M M O 7 2008 Transaction ID: 15377120 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Kash K. Siepert Mailing Address 2300 Stewart Pkwy. City Roseburg FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 97470-1597 n Physician Year-to-Date 250.00	Date of Receipt M M Z 5 Z 5 Z 0 0 8 Transaction ID: 15377122 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Dr. G. Trent Smith Mailing Address 7013 N. Spoon Ter. City Edmond FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	'	Zip Code 73003-1871 n Physician Pyear-to-Date 1000.00	Date of Receipt M M M / 26
SUBTOTAL of Receipts This Page (optional)			1350.00

	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to sociation Political Action Committee	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Barry M. Bell Mailing Address 6 Burrell Ln. City Rancho Palos Verde FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code CA 90275-5074 C Occupation Podiatric Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Paul E. Tipton Mailing Address 159 Westwind F City Louisville	State Zip Code	Date of Receipt M M 29 2008 Transaction ID: 15394233
FEC ID number of contributing federal political committee. Name of Employer Self Employed	Occupation	Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼	Podiatric Physician Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Vivian S. Rodes Mailing Address 3050 Harrodsbu	urg Rd #201	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15394234
Lexington FEC ID number of contributing federal political committee.	KY 40503-2747	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (op	tional)	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 73 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any perso the name and address of any political committee to tion Political Action Committee	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Chester A. Nava, Jr. Mailing Address 1130 Gilliland Rd. City Louisville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code KY 40245-4034 C Occupation Podiatric Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Dr. Robert D. Leisten Mailing Address 2620 Nottingham Bl City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Houston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	TX 77005-2420 C Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Robert R. Miller Mailing Address 1171 Auxier Ave. City Paintsville FEC ID number of contributing federal political committee. Name of Employer Self Employed	State Zip Code KY 41240-9319 C Occupation Podiatric Physician	Date of Receipt M M / 29 / 2008 Transaction ID: 15394237 Amount of Each Receipt this Period 100.00
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date ▼ 250.00	850.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than u	ts and Statements may not be sold or used by any personsing the name and address of any political committee to sociation Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
American Founding Wedical Ass	ociation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Thomas Charles Melillo		Date of Receipt
Mailing Address 22862 S.W. Sau	unders Dr.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15394255
Sherwood	OR 97140-8236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Westlake Podiatry Clinic	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Richard J. Grayson	L	Date of Receipt
Mailing Address 40 Avon Meado	w Ln.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15394263
Avon	CT 06001-3753	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Jimmy L. Gregory		Date of Receipt
Mailing Address 4319 Covington	Hwy. #115	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15395929
<u>Decatur</u>	GA 30035-1206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (opi	ional)	1800.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 73 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political A	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Dale Mark Rosenblum			Date of Receipt
	Mailing Address 13081 Lariat Ln.	2: :	7: 0.1	04 25 2008
	City Santa Ana	State CA	Zip Code 92705-2244	Transaction ID: 15395942 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	OLI OU LL TT	250.00
	Name of Employer Self Employed	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Larry J. Cohen Mailing Address 1110 Harvest Wood	.I.		Date of Receipt
	Mailing Address TTTO Harvest Wood			04 28 2008
	City	State	Zip Code	Transaction ID: 15395947
	San Antonio FEC ID number of contributing federal political committee.	C	78258-3809	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupation Podiatric	on c Physician	
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 500.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. Keith A. Turlington			Date of Receipt
	Mailing Address 10000 Watson Rd. #2	2R		04 29 2008
	City	State	Zip Code	Transaction ID: 15395951
	Crestwood FEC ID number of contributing federal political committee.	MO C	63126-1854	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation	on c Physician	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1000.00
	TOTAL This Period (last page this line numbe			

PAGE 52 / 73 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt A. Dr. Patricia Eileen Cain Mailing Address 1414 S.E. Oak St. 0.4 28 2008 City State Zip Code Transaction ID: 15395953 Portland OR 97214-1430 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Oregon City Foot Clinic Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date General Primary 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Mr. Ajitha K. Nair Date of Receipt Mailing Address 2801 College Ave. #15 17 0.4 2008 City State Zip Code Transaction ID: 15922187 Berkeley CA 94705-2141 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Occupation Podiatric Student Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$251.00 This changes the YTD Total to \$0.-0.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	→	55800.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 73 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associat	ion Political A	ction Committee	
Α.	Full Name (Last, First, Middle Initial) APMA Government Education Fund			Date of Receipt
· · ·	Mailing Address 9312 Old Georgetown	n Road		04 18 2008
	City	State	Zip Code	Transaction ID: 15347629
	<u>Bethesda</u>	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1372.94
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2670.41	Transfer Funds for Federal Operating Expenses
В.	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
	Mailing Address 100 Light St., 19th Fl	oor		04 01 2008
	City	State	Zip Code	Transaction ID: 15348780
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		261.50
	Name of Employer Citigroup Global Markets, Inc.	Occupation Investme		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1595.41	Interest, Dividends, Capi- tal Gains Distributions

SUBTOTAL of Receipts This Page (optional)	•	1634.44
TOTAL This Period (last page this line number only)	•	1634.44

SCHEDULE B (FEC Form 3	Use separate schedule(s)	FOR LINE (check only	
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association	iation Political Action Committee		
Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress			Transaction ID: 15238653 Date of Disbursement
Mailing Address Attn Rachel Fisc 430 S. Capitol S	SE		04
City Washington	State Zip Code DC 20003		Amount of Each Disbursement this Period
Purpose of Disbursement		011	5000.00
Candidate Name Rep. Nancy Pelosi		O11 Category/ Type	
Office Sought: X House Senate President State: CA District: 08	Disbursement For: 2008 X Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Becerra for Congress			Transaction ID: 15238654 Date of Disbursement
Mailing Address P.O. Box 26106)		$\begin{bmatrix}\begin{smallmatrix}M&A&M\\0&4&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\0&3\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&D&Y\\2&0&0&8\end{smallmatrix}\end{bmatrix}$
City Los Angeles	State Zip Code CA 90026		Amount of Each Disbursement this Period
Purpose of Disbursement			4000.00
Candidate Name Rep. Xavier Becerra		011 Category/ Type	
Office Sought: X House Senate President State: CA District: 30	Disbursement For: 2005 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) Friends of Kent Conrad			Transaction ID: 15238655 Date of Disbursement
Mailing Address PO BOX 812			$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&0&0\\0&3\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&&$
City Bismarck	State Zip Code ND 58502		Amount of Each Disbursement this Period
Purpose of Disbursement	112 0002	011	2500.00
Candidate Name Kent Conrad		Category/ Type	
Office Sought: House X Senate President State: ND District:	Disbursement For: 2012 X Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page	(optional)	>	11500.00

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Friends Of Rosa Delauro						Date	of Dis	burse				
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City New Haven		Zip Code 06511				Amou	ınt of	Each	Disbur	semen	t this F	Perio
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Full Name (Last, First, Middle Initial) Friends of Patrick Kennedy							sactio of Dis		1523 ment	8658		
Mailing Address PO BOX 321						0 ^M 4	M /	^D 0	3 /	^Y 2	0 ŏ 8	Y
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Full Name (Last, First, Middle Initial) Rob Bishop For Congress					Date	action ID			Y
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City Brigham City	State UT	Zip Code 84302			Amou	nt of Eac	n Disburs		-
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Full Name (Last, First, Middle Initial) Friends Of Farr					Date	action ID of Disburs	ement		/ ° V
Mailing Address 555 Capitol Mall Suite	1425				0 4	, ,	14	žod	8
City Sacramento	State CA	Zip Code 95814			Amou	nt of Eac	n Disburs		
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State: CA District: 17 Full Name (Last, First, Middle Initial) Matheson For Congress					1	action IE		8402	
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Mailing Address 677 South 200 West Suite A									
City Salt Lake City	State UT	Zip Code 84101			Amou	nt of Eac	n Disburs	ement thi	s Peri
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American Podiatric Medical Association Po	DIITICAI ACTI	on Committee)											
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Knollenberg For Congress Committee							Date					U + U-	т	
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•	State MI	Zip Code 48025					Amou	int o	f Ea	ach I	Disburs	eme	nt this	Period
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Friends Of Jim Marshall							Date					0 10	0	
Mailing Address 586 Orange St.							o ^M 4	М	′ [^D 1	^D /	Y	200	8 ^Y
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		First, Middle Initial)								D : 1533	8407	
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	Mailing Address	438 Lewis Ave	nue					lo"		14	200	8
	City Brooklyn			ate Y	Zip Code 11233			Amo	ount of Ea	ch Disburs	sement this	Perio
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	Candidate Name Rep. Edolphus						tegory/ ype					
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	Mailing Address	P.O. Box 9352 P.O. Box 9352						0,4	1 /	14	žoŏ	8 ^Y
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	r Information copied from such Reports and State or commercial purposes, other than using the nan				
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Association F				
<u>'</u>	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For Us Congress				Transaction ID: 15338410 Date of Disbursement
	Mailing Address 3729 Silsby Rd				$\begin{bmatrix} 0 & 4 & M & / & D & 1 & 4 & / & 2 & 0 & 0 & 8 & Y \\ 0 & 1 & 4 & & & & & & & & & & & & & & & &$
	City University Heights	State OH	Zip Code 44118		Amount of Each Disbursement this Period
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	Rep. Stephanie Tubbs Jones	ement For:	2005	Type	-
	Senate President State: OH District: 11	Primary Other (spec	X General		
	Full Name (Last, First, Middle Initial) Walter Jones For Congress Committee				Transaction ID: 15338411 Date of Disbursement
	Mailing Address PO Box 99667				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ & 2 & 0 & 0 & 8 \end{smallmatrix} $
	City Raleigh	State NC	Zip Code 27624		Amount of Each Disbursement this Perio
	Purpose of Disbursement			011	1000.00
	Candidate Name Rep. Walter B. Jones, Jr.			Category/ Type	
	Senate	ement For:	2008 General		
	State: NC District: 03	Other (spec	, ∀		
	State: NC District: 03 Full Name (Last, First, Middle Initial) Ken Calvert For Congress	Other (spec	··· ·		Transaction ID: 15338412 Date of Disbursement
	State: NC District: 03 Full Name (Last, First, Middle Initial)	Other (spec	, •		
	State: NC District: 03 Full Name (Last, First, Middle Initial) Ken Calvert For Congress		Zip Code 92516		Date of Disbursement O 4
	State: NC District: 03 Full Name (Last, First, Middle Initial) Ken Calvert For Congress Mailing Address PO Box 20123 City Riverside Purpose of Disbursement	State	Zip Code	011	Date of Disbursement O 4
	State: NC District: 03 Full Name (Last, First, Middle Initial) Ken Calvert For Congress Mailing Address PO Box 20123 City Riverside Purpose of Disbursement Candidate Name Rep. Ken Calvert	State CA	Zip Code 92516	011 Category/ Type	Date of Disbursement O 4 D 1 D Y 2 0 0 8 Amount of Each Disbursement this Perio
	State: NC District: 03 Full Name (Last, First, Middle Initial) Ken Calvert For Congress Mailing Address PO Box 20123 City Riverside Purpose of Disbursement Candidate Name Rep. Ken Calvert Office Sought: X House Disburs	State	Zip Code 92516 2008 General	Category/	Date of Disbursement O 4 Amount of Each Disbursement this Period

S	CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s))	FOR LINE	_	R:	F	PAGE	60 / 73	
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	y Information copied from such Reports and State for commercial purposes, other than using the nan										
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$ \rangle$	American Podiatric Medical Association F	olitical Acti	ion Committee	e							
_	Full Name (Last, First, Middle Initial)					Trans	saction ID	: 1533	88413		
	Jo Bonner For Congress Committee					Date	of Disburs		V . V	V V	
	Mailing Address P.O. Box 851232					0 4		1 4	2 () 0 8 °	
	City Mobile	State AL	Zip Code 36685			Amou	unt of Eac	h Disburs			riod
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	Candidate Name Rep. Jo Bonner				011 ategory/ Type						
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	John Lewis For Congress						of Disburs		YY	YY	1
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	City Atlanta	State GA	Zip Code 30311			Amou	unt of Eacl	h Disburs	sement t	this Per	riod
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	Candidate Name Rep. John Lewis				ategory/ Type						
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	Full Name (Last, First, Middle Initial) Boyd for Congress Committee						saction ID of Disburs		3886		
	Mailing Address P.O. Box 15703					o ^M 4	M / D	21 /	ž) 0 8 °	
	City Tallahassee	State FL	Zip Code 32317-5703			Amou	unt of Eac	h Disburs	sement t	this Per	riod
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	y Information copied from such Reports and for commercial purposes, other than using t						
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	tion Political Action Committe	ee				
	Full Name (Last, First, Middle Initial) Udall for Colorado					Transaction ID: 15353887 Date of Disbursement	,
	Mailing Address 8690 Wolff Court	#200				0 4 M / 2 2 / Y 2	0 0 8 °
	City Westminster	State Zip Code CO 80031				Amount of Each Disbursemen	
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	Candidate Name Rep. Mark Udall		C	ategor Type	y/		
	Senate President	Disbursement For: 2008 X Primary Genera Other (specify) ▼					
	State: CO District: 02						
	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Commit	tee				Transaction ID: 15353888 Date of Disbursement	
	Mailing Address P.O. Box 2008					$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix}$	0 0 8
	City Murfreesboro	State Zip Code TN 37133				Amount of Each Disbursemen	
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	Candidate Name Rep. Bart Gordon			ategor Type	y/		
	Senate President	Disbursement For: 2008 X Primary Genera Other (specify) ▼					
	State: TN District: 06 Full Name (Last, First, Middle Initial)					Transaction ID: 15353895	
	Gene Green Congressional Campai	gn				Date of Disbursement	
	Mailing Address PO Box 16128					0 4 2 1 2	0 0 8
	City Houston	State Zip Code TX 77222				Amount of Each Disbursemen	t this Perio
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	Candidate Name Rep. Gene Green		7 6	ategor Type	y/		
	Senate President	Disbursement For: 2008 X Primary Genera Other (specify)	•				
	Charles TV Dietriets 20						
	State: TX District: 29						

	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 62 / 73
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	y Information copied from such Reports and Sta			d by any person	for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and addre	ess of any political	committee to so	Dicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Association	Political Act	tion Committee)	
	Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee				Transaction ID: 15353909 Date of Disbursement
	Mailing Address PO Box 36831				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Charlotte	State NC	Zip Code 28236		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	Candidate Name Rep. Melvin Watt			Category/ Type	
	Senate President	X Primary Other (spe	2008 General		
	State: NC District: 12				
	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee				Transaction ID: 15353925 Date of Disbursement
	Mailing Address PO Box 360				$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
	City Prescott	State AR	Zip Code 71857		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	Candidate Name Rep. Michael A. Ross			Category/ Type	
	Office Sought: X House Senate President State: AR District: 04	x Primary Other (spe	2008 General		
	Full Name (Last, First, Middle Initial) Charlie Dent For Congress				Transaction ID: 15356385 Date of Disbursement
	Mailing Address PO Box 442				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Allentown	State PA	Zip Code 18105		Amount of Each Disbursement this Period
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	Candidate Name Rep. Charles Dent			Category/ Type	
	Office Sought: X House Disbution Senate President	X Primary Other (spe	2008 General ecify)		
	Charles DA Diatolate 45				
	State: PA District: 15				

IT	CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)		NUMBER: PAGE 63 / 73
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	y Information copied from such Reports and State for commercial purposes, other than using the nan			d by any person f	or the purpose of soliciting contributions
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_	American Podiatric Medical Association F	olitical Act	tion Committee)	
	Full Name (Last, First, Middle Initial) Reed Committee '08				Transaction ID: 15394512 Date of Disbursement
	Mailing Address PO Box 8628				$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&M\end{smallmatrix}\end{bmatrix}^{\ /} \begin{bmatrix}\begin{smallmatrix}D&2&0\\2&9\end{smallmatrix}\end{bmatrix}^{\ /} \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&8&Y\end{smallmatrix}\end{bmatrix}$
	City Cranston	State RI	Zip Code 02920		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	Candidate Name Sen. Jack Reed			Category/ Type	
	X Senate President	ement For: C Primary Other (spe	2008 General		
_	State: RI District: Full Name (Last, First, Middle Initial)				Transaction ID: 15394514
	Charles Boustany Jr. For Congress				Date of Disbursement
	Mailing Address Post Office Box 80126				$\begin{bmatrix}\begin{smallmatrix}M&A&M\\O^T&A\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}D&D\\D&D\end{smallmatrix}\end{bmatrix}^\top \begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\D^T&D^T&D\end{smallmatrix}\end{bmatrix}^Y$
	City Lafayette	State LA	Zip Code 70598		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	Candidate Name Rep. Charles Boustany, Jr.			Category/ Type	
		ement For: Primary Other (spe	2008 General		
	State: LA District: 07				
	Full Name (Last, First, Middle Initial)				Transaction ID: 15204542
	Full Name (Last, First, Middle Initial) Bachus For Congress				Transaction ID: 15394543 Date of Disbursement
	Bachus For Congress	State AL	Zip Code 35259		Date of Disbursement M 4 M / D 2 9 / Y 2 0 0 8 Y Amount of Each Disbursement this Period
	Bachus For Congress Mailing Address Po Box 59444 City Birmingham Purpose of Disbursement			011	Date of Disbursement
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	Bachus For Congress Mailing Address Po Box 59444 City Birmingham Purpose of Disbursement Candidate Name Rep. Spencer Bachus Office Sought: X House Senate President		2008 General	Category/	Date of Disbursement M 4 M / D 2 9 / Y 2 0 0 8 Y Amount of Each Disbursement this Period
	Bachus For Congress Mailing Address Po Box 59444 City Birmingham Purpose of Disbursement Candidate Name Rep. Spencer Bachus Office Sought: X House Disburs Senate	ement For:	2008 General	Category/	Date of Disbursement M 4 M / D 2 9 / Y 2 0 0 8 Y Amount of Each Disbursement this Perio

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		LINE N	NUMBEF	PAGE 64 / 73					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I —	1b 🗌	22 [28a [X 23 28b	П	24 28c	25 29	F	26 30
Any Information copied from such Reports and Stat										
r for commercial purposes, other than using the na	me and address of any political d	committee	to soli	cit contrii	butions tr	om s	sucn c	ommittee	!	
NAME OF COMMITTEE (In Full)	Dalitical Asticus Ocusasitus									
/ American Podiatric Medical Association	Political Action Committee									
Full Name (Last, First, Middle Initial)				Tranca	action ID	. 1	530/1	5/0		
Congressman Bill Young Campaign Cor	nmittee			Date o	f Disburs	eme			. V	
Mailing Address P. O. Box 1973				0 4	/ D	2 9	/ _	žoŏ	8 [*]	
City	State Zip Code			Amour	nt of Each	n Dis	burser	ment this	Perio	od
St. Petersburg	FL 33731			_	•					
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Candidate Name Rep. C.W. Bill Young		Category Type	"							
	sement For: 2008									
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State: FL District: 10	Other (specify)									
Full Name (Last, First, Middle Initial)										
Baucus Johnson Victory Fund					action ID f Disburs			553		
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Mailing Address 236 Massachusetts Av Suite 603	e., NE			0 4	2	29		ž 0 ŏ	8	
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Boswell For Congress					f Disburs		nt			
Mailing Address PO Box 6220				0 4	/ D	2 9	/ [200	8 1	
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Des Moines	IA 50309				-			1000.0	١٥.	
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Rep. Leonard L. Boswell		Category Type	"							
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	y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Podiatric Medical Association F	ne and address of any political co									5
	Full Name (Last, First, Middle Initial) Hinojosa for Congress Mailing Address 311 North 15th Street				Date		sburse	_		1 2 0 0 8	3 ^Y
	City McAllen	State Zip Code TX 78501			Amou	int of			urseme	nt this	Period
	Purpose of Disbursement Candidate Name Mr. Ruben Hinojosa		01 Cate Tyr	gory/						0.00	U
	Office Sought: X House Disburs	ement For: 2008 Primary General Other (specify)	. ,,,								
	Full Name (Last, First, Middle Initial) Lee Terry For Congress Mailing Address P.O. Box 540098				Date		sburse			3 Ž 0 Ď 8	3 ^Y
	City Omaha Purpose of Disbursement	State Zip Code NE 68154	01		Amou	int of	Each	Disb		ent this	
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	Full Name (Last, First, Middle Initial) Mccotter Congressional Committee				Date		sburse	ement			Y
	Mailing Address P.O. Box 530788 City	State Zip Code			0 4 Amou	ınt of		9 Disbu		2 0 0 8	
	Purpose of Disbursement	MI 48153	01	1						000.0	0
	Candidate Name Rep. Thaddeus G. McCotter Office Sought: X House Disburs	ement For: 2008	Cate Typ								
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	CHEDULE B (FEC Form 3X)	Use separa	ate schedule(s)		NUMBER: PAGE 66 / 73
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$\sum_{i=1}^{\infty}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Associatio				and continuations from Sacri Committee
	Full Name (Last, First, Middle Initial) Cannon For Congress				Transaction ID: 15394565 Date of Disbursement
	Mailing Address 190 W 800 N Ste. 100				$\begin{bmatrix} 0 & 4 & M & M & M & M & M & M & M & M & M$
	City Provo		Zip Code 84601		Amount of Each Disbursement this Perio
	Purpose of Disbursement			011	1000.00
	Candidate Name Rep. Christopher Cannon		0000	Category/ Type	
	Senate President	ursement For: X Primary Other (speci	2008 General fy) ▼		
	State: UT District: 03 Full Name (Last, First, Middle Initial) Searchlight Leadership Fund				Transaction ID: 15394569 Date of Disbursement
	Mailing Address 426 C Street, NE, Re	ar Building			0 4 M / D D / Y Y Y O Y 8 Y
	City Washington		Zip Code 20002		Amount of Each Disbursement this Perio
	Purpose of Disbursement			011	5000.00
	Candidate Name Searchlight Leadership Fund			Category/ Type	
	Office Sought: House Senate President State: District:	Primary Other (speci	General ▼		
	Full Name (Last, First, Middle Initial) Dan Lipinski for Congress				Transaction ID: 15394571 Date of Disbursement
	Mailing Address 5838 South Archer A	venue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & N & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
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	Chicago				1000 00
	Chicago Purpose of Disbursement			011	1000.00
	Chicago Purpose of Disbursement Candidate Name Daniel Lipinski		0000	011 Category/ Type	1000.00
	Chicago Purpose of Disbursement Candidate Name Daniel Lipinski	ursement For: X Primary Other (speci	2008 General	Category/	1000.00

ny Information copied from such Reports and Statements may for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Ass	Zip Code 33152 Zip Code 36 General Specify)	ed by any per al committee ee	Transact Date of E Amount of E	
NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Association	Zip Code 33152 Zip Code 36 General Specify)	011 Category, Type 011 Category,	Transaci Date of E 0 4 M Amount of E 0 4 M Amount of E	tion ID: 15394572 Disbursement Description ID: 15394574 Disbursement Disbursement this Period
American Podiatric Medical Association Political A Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress Mailing Address P O Box 52-2784 Suite 100 City State Miami FL Purpose of Disbursement Candidate Name Rep. Ileana Ros-Lehtinen Office Sought: X House Senate President State: FL District: 18 Full Name (Last, First, Middle Initial) Lofgren For Congress Mailing Address 50 W. San Fernando Ste. 350 City State San Jose CA Purpose of Disbursement Candidate Name Rep. Zoe Lofgren Office Sought: X House Disbursement For Candidate Name Rep. Zoe Lofgren Office Sought: X House Disbursement For Senate President State: CA District: 16 Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street	Zip Code 33152 :: 2008 General specify) ▼	011 Category, Type	Transaci Date of E	Disbursement Description ID: 15394574 Descr
Mailing Address P O Box 52-2784 Suite 100 City State Miami FL Purpose of Disbursement Candidate Name Rep. Ileana Ros-Lehtinen Office Sought: X House Senate President State: FL District: 18 Full Name (Last, First, Middle Initial) Lofgren For Congress Mailing Address 50 W. San Fernando Ste. 350 City State San Jose CA Purpose of Disbursement Candidate Name Rep. Zoe Lofgren Office Sought: X House Senate CA Purpose of Disbursement Candidate Name Rep. Zoe Lofgren Office Sought: X House Disbursement For X Primary Other (state: CA) Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street	33152 : 2008	Category, Type 011 Category,	Transaci Date of E	Disbursement Description ID: 15394574 Descr
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Candidate Name Rep. Ileana Ros-Lehtinen Office Sought: X House Senate Y Primary President State: FL District: 18 Full Name (Last, First, Middle Initial) Lofgren For Congress Mailing Address 50 W. San Fernando Ste. 350 City State San Jose CA Purpose of Disbursement Candidate Name Rep. Zoe Lofgren Office Sought: X House Senate Y President President State: CA District: 16 Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street	General Specify) ▼ Zip Code 95113	Category, Type 011 Category,	Transact Date of D M 4 M Amount o	tion ID: 15394574 Disbursement / D D D / Y Y Y O N 8 of Each Disbursement this Period
Rep. Ileana Ros-Lehtinen Office Sought: X House Senate President State: FL District: 18 Full Name (Last, First, Middle Initial) Lofgren For Congress Mailing Address 50 W. San Fernando Ste. 350 City State San Jose CA Purpose of Disbursement Candidate Name Rep. Zoe Lofgren Office Sought: X House Senate President State: CA District: 16 Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street	General Specify) ▼ Zip Code 95113	Type 011 Category,	Transact Date of D M 4 M Amount o	Disbursement Description of Each Disbursement this Period
Senate President State: FL District: 18 Full Name (Last, First, Middle Initial) Lofgren For Congress Mailing Address 50 W. San Fernando Ste. 350 City State San Jose CA Purpose of Disbursement Candidate Name Rep. Zoe Lofgren Office Sought: X House Senate President State: CA District: 16 Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street	General Specify) ▼ Zip Code 95113	011 Category	Date of I	Disbursement Description of Each Disbursement this Period
Full Name (Last, First, Middle Initial) Lofgren For Congress Mailing Address 50 W. San Fernando Ste. 350 City State San Jose CA Purpose of Disbursement Candidate Name Rep. Zoe Lofgren Office Sought: X House Senate President State: CA District: 16 Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street	95113	Category	Date of I	Disbursement Description of Each Disbursement this Period
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San Jose CA Purpose of Disbursement Candidate Name Rep. Zoe Lofgren Office Sought: X House Senate Yresident President State: CA District: 16 Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street	95113	Category		
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Senate President Other (s State: CA District: 16 Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street	: 2008			
Full Name (Last, First, Middle Initial) Michaud For Congress Mailing Address 213 Lisbon Street		I		
			Date of D	tion ID: 15394575 Disbursement
City State			0 4	D 2 9 Y Y 2 0 0 8 Y
Lewiston ME	Zip Code 04240		Amount o	of Each Disbursement this Period
Purpose of Disbursement		011	╗ └	1000.00
Candidate Name Rep. Michael H. Michaud		Category, Type		
Office Sought: X House Disbursement Foliage Senate X Primary President Other (state: ME District: 02		l		
SUBTOTAL of Disbursements This Page (optional)			•	3000.00
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SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 73 (check only one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
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NAME OF COMMITTEE (In Full) American Podiatric Medical Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) Citizens For Harkin		Transaction ID: 15394577 Date of Disbursement
Mailing Address P O Box 811		04 4 29 7 2008
City Des Moines	State Zip Code IA 50304	Amount of Each Disbursement this Period
Purpose of Disbursement		011
Candidate Name Sen. Tom Harkin	•	ttegory/ Type
X Senate President	ement For: 2005 Primary X General Other (specify)	
State: IA District: Full Name (Last, First, Middle Initial)		Transaction ID: 15394578
Friends Of Corrine Brown		Date of Disbursement
Mailing Address 3109 River Bend Court	D-102	04 4 29 7 2008
City Laurel	State Zip Code MD 20724	Amount of Each Disbursement this Perio
Purpose of Disbursement		011
Candidate Name Rep. Corrine Brown	-	tegory/ Type
Senate President	sement For: 2008 C Primary General Other (specify)	
State: FL District: 03 Full Name (Last, First, Middle Initial) Joe Wilson For Congress Committee		Transaction ID: 15394579 Date of Disbursement
Mailing Address Post Office Box 2145		04 4 29 7 2008
City West Columbia	State Zip Code SC 29171	Amount of Each Disbursement this Perio
Purpose of Disbursement		011
Candidate Name Rep. Joe Wilson		itegory/ Гуре
Senate President	sement For: 2008 C Primary General Other (specify)	
State: SC District: 02		
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Dogge	•	First, Middle Initial) s Congress PO Box 5843							Date		sburse	153 ement		3 Ž 0 Ŏ 8	B ^Y
City Austir				State TX	Zip Code 78763				Amou	int o	f Each	Disbu		nt this F	
Candid Rep. I	date Name Lloyd Dog Sought:		Disburse	ment For: Primary Other (spe	2008 General	C	01 ateg Typ	ory/						000.00	
Malon	ame (Last, ney For C g Address	First, Middle Initial) congress 49 East 92nd	Street						Date		sburse	153 ement		5 Ž 0 Ď 8	B Y
City New \	York			State NY	Zip Code 10128				Amou	int o	f Each	Disbu	rseme	nt this F	Period
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Mailing	Address	555 South Flo	ower Street S	Suite 451	0				0 ^M 4	М	^D 2	9 /	Y	ž o ŏ 8	3 Y
	ingeles			State CA	Zip Code 90071				Amou	int o	f Each	Disbu		nt this F	
Candid Rep. I	date Name Brad She	erman				C	01 ateg Typ	ory/		•	0			220.00	
Office State:	Sought:	X House Senate President District: 27	Disburse	ment For: Primary Other (spe	2008 General ecify) ▼										
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			27	28a 28b 28c 29 30b
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or 1	for commercial purposes, other than using the	name and address of any political co	mmittee to so	licit contributions from such committee
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Association	on Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 15394594
	Udall for Colorado			Date of Disbursement
				04
	Mailing Address 8690 Wolff Court #2	00		04 29 2008
	City	State Zip Code		Amount of Each Disbursement this Period
	Westminster	CO 80031		
	Purpose of Disbursement	Г		2500.00
			011	
	Candidate Name		Category/	
	Rep. Mark Udall		Type	
	Office Sought: X House Dis	bursement For: 2008		
	Senate	X Primary General		
	President	Other (specify)		
	State: CO District: 02			

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)		69500.00

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NAME OF COMMITTEE (In Full) American Podiatric Medical Association Pol		
Full Name (Last, First, Middle Initial) Mr. Ajitha K. Nair Mailing Address 2801 College Ave. #15		Transaction ID: 15346824 Date of Disbursement
7	tate Zip Code CA 94705-2141 010 Category/ Type	Amount of Each Disbursement this Period 251.00
	nent For: Primary General Other (specify)	Returned Check - Insufficient Funds

SUBTOTAL of Disbursements This Page (optional)		251.00
TOTAL This Period (last page this line number only)	<u> </u>	251.00

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5(CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER: PAGE 72/73			
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$\overline{}$	NAME OF COMMITTEE (In Full)						
\rangle	American Podiatric Medical Association Political Action Committee						
	Full Name (Last, First, Middle Initial)			Transaction ID: 15347630			
	Wachovia Bank, N.A.			Date of Disbursement			
	Mailing Address NC8502 PO Box 563966			04 4 18 7 2008			
	City Charlotte	State Zip Code NC 28262-3966		Amount of Each Disbursement this Period			
	Purpose of Disbursement Bank Fees 001			1372.94			
	Candidate Name		Category/ Type				
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		Bank Fees			
	State: District:						

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TOTAL This Period (last page this line number only)	<u> </u>	1372.94

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Form/Schedule: **F3XA**Transaction ID:

Five candidate contributions listed in this report are erroneously designated to '2008 Primary Election.' They have been redesignated for '2008 General Election' on 9/19/2008 and will appear as such on the next scheduled FEC report. The checks are: Cummings for Congress Committee - \$2,500 Gene Green Congressional Campaign - \$00 Dan Lipinski for Congress - \$1,000 Hinojosa for Congress - \$1,000 Doggett for US Congress - \$1,000