

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 10 21 2008 in the State of
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Barney Greenberg, DPM

Signature of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM Date 10 23 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		322669.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	291015.04									
(c) Total Receipts (from Line 19)	22919.00	423422.09								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	313934.04	746091.45								
7. Total Disbursements (from Line 31)	20409.85	452567.26								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	293524.19	293524.19								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Podiatric Medical Association Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10000.00	245317.12
(i) Itemized (use Schedule A)	9919.00	169839.15
(ii) Unitemized	19919.00	415156.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	1000.00
(c) Other Political Committees (such as PACs)	0.00	19919.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	19919.00	416156.27
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	4265.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22919.00	423422.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22919.00	423422.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7526.85	10197.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	7526.85	10197.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	434750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	2851.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50.00	2851.00
29. Other Disbursements.....	833.00	4769.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20409.85	452567.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20409.85	452567.26

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19919.00	416156.27
34. Total Contribution Refunds (from Line 28(d))	50.00	2851.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19869.00	413305.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7526.85	10197.26
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7526.85	10197.26

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr. Howard M. Sokoloff

Mailing Address 5601 Norris Canyon Rd. #240

City San Ramon State CA Zip Code 94583-5407

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15979914

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. T. Eric Sicheloff

Mailing Address 3636 Edgemoor Ct.

City Clemmons State NC Zip Code 27012-8921

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

Name of Employer Piedmont Foot & Ankle Associates Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15979916

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Robert D. Rutstein

Mailing Address 597 Farmington Ave.

City Hartford State CT Zip Code 06105-3057

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15979919

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Fred Marino

Mailing Address 1034 Windsong Pl.

City Murfreesboro State TN Zip Code 37129

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15979925

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard D. DiBacco

Mailing Address 5755 Schultz Rd.

City Erie State PA Zip Code 16509-3745

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

Name of Employer Podiatry Associates of Erie Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: 15979935

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Neal Kramer

Mailing Address 5775 Fresh Meadow Dr.

City Macungie State PA Zip Code 18062-9522

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 15985685

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

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

Mailing Address 100 Ayshire Ct.

City State Zip Code
Slidell LA 70461-5034

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

Transaction ID: 15985692

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. James O. Hall

Mailing Address 2195 N. St. James Pkwy.

City State Zip Code
Cleveland Heights OH 44106-3328

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

Name of Employer Cleveland Clinic Foundation Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 15985699

Amount of Each Receipt this Period
300.00

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

Mailing Address 8033 Paseo Del Ocaso

City State Zip Code
La Jolla CA 92037-3232

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 15985702

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 24
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Michael J. Kelley

Mailing Address 2 Gibraltar

City State Zip Code
Rockford MI 49341-7703

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

Name of Employer Self Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2008

Transaction ID: 15985709

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alan K. Mauser

Mailing Address 425 S. Sherrin Ave.

City State Zip Code
Louisville KY 40207-4029

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

Name of Employer Self Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2008

Transaction ID: 15985710

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Christopher S. Seufferling

Mailing Address 18309 N.E. 32nd St.

City State Zip Code
Vancouver WA 98682-3602

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

Name of Employer Self Employed
Occupation Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 16018389

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 10 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jason Ray Surratt

Mailing Address 8722 S.W. 49th Ave.

City Portland State OR Zip Code 97219-3357

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

Name of Employer Westside Podiatry Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 10 / 2008

Transaction ID: 16018390

Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas Charles Melillo

Mailing Address 22862 S.W. Saunders Dr.

City Sherwood State OR Zip Code 97140-8236

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

Name of Employer Westlake Podiatry Clinic Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 10 / 2008

Transaction ID: 16018391

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Alan Francis Rothstein

Mailing Address 5770 Victoria Ct.

City Lake Oswego State OR Zip Code 97035-8739

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

Name of Employer Corrective Step Foot Health Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 10 / 10 / 2008

Transaction ID: 16018392

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Christopher S. Seuferling

Mailing Address 18309 N.E. 32nd St.

City State Zip Code
Vancouver WA 98682-3602

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

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

Transaction ID: 16018396

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Dr. Melisa Ann Monson

Mailing Address Santa Clara Foot Care Center
45 Division Ave. #F

City State Zip Code
Eugene OR 97404-2483

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

Name of Employer Occupation
Santa Clara Foot Care Center Podiatric Physician

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

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

Transaction ID: 16018398

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Nancy T. Ray

Mailing Address P.O. Box 327

City State Zip Code
Warrenton OR 97146-0327

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

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

Transaction ID: 16018399

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 24
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr. Patricia Eileen Cain

Mailing Address 1414 S.E. Oak St.

City State Zip Code
Portland OR 97214-1430

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

Name of Employer Occupation
Oregon City Foot Clinic Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

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

Transaction ID: 16018401

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel F. Byrd

Mailing Address 615 N.W. 4th St.

City State Zip Code
Pendleton OR 97801-1414

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

Name of Employer Occupation
Blue Mountain Foot Specialists Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

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

Transaction ID: 16018402

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr. Patrick J. Evoy

Mailing Address 61161 Ridge Falls Pl.

City State Zip Code
Bend OR 97702-2324

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

Name of Employer Occupation
Cascade Foot Clinic Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 325.00

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

Transaction ID: 16018404

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Todd A. Muhly

Mailing Address 1565 N.W. Woodland Dr.

City State Zip Code
Corvallis OR 97330-1059

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

Name of Employer
McKenzie River Foot Clinic, L.L.C.

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: 16018406

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Alan Francis Rothstein

Mailing Address 5770 Victoria Ct.

City State Zip Code
Lake Oswego OR 97035-8739

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

Name of Employer
Corrective Step Foot Health Center

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 16018407

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas G. Stoker

Mailing Address 3985 Parkview Dr.

City State Zip Code
Salt Lake City UT 84124-2323

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

Name of Employer
Podiatry Center

Occupation
Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 16018414

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 14 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Marc S. Feder

Mailing Address 4050 W. Morse Ave.

City Lincolnwood State IL Zip Code 60712-2640

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

Name of Employer Affiliated Podiatrists, Ltd. Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2008

Transaction ID: 16018416

Amount of Each Receipt this Period 150.00

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

Mailing Address 3015 Rennes Ct.

City Northbrook State IL Zip Code 60062-5144

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

Name of Employer Whiting Foot & Ankle Center Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2008

Transaction ID: 16018419

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Christina Brown

Mailing Address 1009 Casa Solana

City Wheaton State IL Zip Code 60187-8211

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2008

Transaction ID: 16018420

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Mark A. Ryerson

Mailing Address 4227 N. Walnut Ave.

City State Zip Code
Arlington Heights IL 60004-1302

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

Name of Employer Occupation
Central Podiatry Podiatric Physician

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

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

Transaction ID: 16018424

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Phillip L. Forni

Mailing Address 1434 Indian Hill Dr.

City State Zip Code
Schaumburg IL 60193-4946

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

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

Transaction ID: 16018426

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Dr. Martin M. Pressman

Mailing Address 109 N. Racebrook Rd.

City State Zip Code
Woodbridge CT 06525-1407

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

Name of Employer Occupation
New Haven Foot Surgeons Podiatric Physician

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

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

Transaction ID: 16021565

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Anthony Poggio

Mailing Address 2059 Clinton Ave.

City State Zip Code
Alameda CA 94501-4379

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

Name of Employer Occupation
Self Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 16021567

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Kam Y. Wong

Mailing Address 1535 Francisco St.

City State Zip Code
Berkeley CA 94703-0000

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

Name of Employer Occupation
Self Employed Podiatric Physician

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

Date of Receipt

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

Transaction ID: 16021568

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. Ted Mihok

Mailing Address 2059 Clinton Ave.

City State Zip Code
Alameda CA 94501-4379

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

Name of Employer Occupation
Self Employed Podiatric Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: 16021569

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Darrell Duane Prins

Mailing Address 3200 N.E. 30th St.

City State Zip Code
Lincoln City OR 97367-5105

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

Name of Employer: Lincoln County Foot Health Center
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: 16021612
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Lyndon G. Johansen

Mailing Address 2025 S.W. Daybreak Way

City State Zip Code
Troutdale OR 97060-4468

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

Name of Employer: Self Employed
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: 16021614
 Amount of Each Receipt this Period: 700.00

C. Full Name (Last, First, Middle Initial)
Dr. Jay C. Goldstein

Mailing Address 2626 N.W. 83rd Pl.

City State Zip Code
Portland OR 97229-4151

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

Name of Employer: Self Employed
Occupation: Podiatric Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: 16021616
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Andrew C. Schink

Mailing Address 1715 Cameo

City State Zip Code
Eugene OR 97405-5897

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

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

Transaction ID: 16021617

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
Dr. Alan E. Singer

Mailing Address 4 Golden Crest Ct.

City State Zip Code
Rockville MD 20854-2982

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 16022966

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul W. Aufderheide

Mailing Address 6465 Chico Way

City State Zip Code
Bremerton WA 98312-1155

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

Name of Employer Self Employed Occupation
Self Employed Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: 16024949

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 650.00

TOTAL This Period (last page this line number only) ► 10000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 24
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Doggett For Us Congress

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763

FEC ID number of contributing federal political committee. **C** C00286500

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: 16021630
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

FEC ID number of contributing federal political committee. **C** C00254185

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: 16021631
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Hinojosa for Congress

Mailing Address 311 North 15th Street

City McAllen State TX Zip Code 78501

FEC ID number of contributing federal political committee. **C** C00310896

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 10 / 2008
Transaction ID: 16021632
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

TOTAL This Period (last page this line number only) ► 3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 24

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Welch For Congress	Transaction ID: 15977661 Date of Disbursement
	Mailing Address PO Box 1086	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Montpelier State VT Zip Code 05601	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Peter Welch	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Red Rooster Leadership PAC	Transaction ID: 15977791 Date of Disbursement
	Mailing Address 228 S. Washington Street Suite 115	<input type="text" value="10"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="4000.00"/>
	Candidate Name Red Rooster Leadership PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart For Congress Commi	Transaction ID: 15980587 Date of Disbursement
	Mailing Address 9737 Nw 41 Street #131	<input type="text" value="10"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Miami State FL Zip Code 33178	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Lincoln Diaz-Balart	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 21	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Ehlers For Congress Committee	Transaction ID: 15980588 Date of Disbursement
	Mailing Address PO Box 3340	<input type="text" value="10"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Grand Rapids State MI Zip Code 49501	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Vernon J. Ehlers	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 03	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Menendez For Senate	Transaction ID: 15980589 Date of Disbursement
	Mailing Address P.O. Box 848	<input type="text" value="10"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. Robert Menendez	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Zach Wamp	Transaction ID: 15980590 Date of Disbursement
	Mailing Address P.O. Box 24804 651 E. Fourth St. Suite 200	<input type="text" value="10"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Chattanooga State TN Zip Code 37422	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Zach Wamp	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 24

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

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NAME OF COMMITTEE (In Full)
American Podiatric Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) McConnell Senate Committee '08	Transaction ID: 15989848 Date of Disbursement
	Mailing Address PO Box 1496	<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City Louisville State KY Zip Code 40201	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Sen. Mitch McConnell	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 16025868 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael A. Ross	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2005 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 24

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Comptroller Of Maryland

Transaction ID: 15980592

Date of Disbursement

Mailing Address Revenue Administration Division

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

City Annapolis State MD Zip Code 21411-0001

Amount of Each Disbursement this Period

833.00

Purpose of Disbursement

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

833.00

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

833.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 24

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

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank, N.A.

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 15989056

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

7526.85

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

7526.85

TOTAL This Period (last page this line number only)

7526.85