FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		or O	tner i nan	An Autnor	izea Comm	littee		Office Use Or	nly
1.			EC MAILING PE OR PRIN		Example:If typover the lines	oing, type			
L	American Podiatric Medical As	ssn., In	c. Podiatry F	olitical Action (Committee	1 1 1 1			
Ш									
AD	DRESS (number and street)	9312	2 Old George	town Road					
	Check if different than previously reported. (ACC)	Beth	nesda				L MD	20814	1698
2.	FEC IDENTIFICATION NUM	BER	₩	CITY 🛦	l		STATE	ZIPO	CODE A
	C00008839			3. IS TH REPC		NEW (N) OR		AMENDED (A)	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1		Monthly Report Due On:	Feb 20 (X Mar 20 (Apr 20 ((M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Se	ug 20 (M8) ep 20 (M9) et 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	July 15 Quarterly Report(Q2 October 15 Quarterly Report(Q3 January 31 Quarterly Report(YE	3)	PRE-E		Convention		Special	(12G)	,
	July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)			Election for the:	General (30G)	Runoff	in t	Special (30S) he te of
5.	Covering Period 0 2		01 2	2007	throug	nh 02	28	2007	
	ertify that I have examined this R	•	nd to the bes Gerald Pete	•	dge and belief	it is true, correct	and complete	э.	
Sig	nature of Treasurer Electron	ically F	iled by Dr.	Gerald Peterso	on, DPM		Date 0:	3 17	2007
NO	TE : Submission of false, erron	eous, o	r incomplete	information ma	y subject the p	erson signing th	is Report to t	he penalties of 2	U.S.C 437g.
	Office Use							FEC FC	ORM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Rep	ort Covering the Period: From:	01 2007	To: 0 2 2 8 2 0 0
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a	Cash on Hand January 1		250015.81
(b	Cash on Hand at Begining of Reporting Period	323656.17	
(c) Total Receipts (from Line 19)	54311.12	136120.39
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	377967.29	386136.20
To	otal Disbursements (from Line 31)	57303.08	65471.99
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	320664.21	320664.21
th	ebts and Obligations owed TO e committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations owed BY e committee (Itemize all on chedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

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

м м 0 2

Report Covering the Period:

From:

^D 0 1

^Y 2 0 0 7

To:

^M 2 M

^D 2^D 8

2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Cor (a)	ntributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	37552.00	91239.11
	(ii) Unitemized	15879.25	42981.25
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	53431.25	134220.36
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	53431.25	134220.36
	nsfers From Affiliated/Other ty Committees	0.00	0.00
3. All I	_oans Received	0.00	0.00
	n Repayments Receivedsets To Operating Expenditures	0.00	0.00
(Re (Ca	funds, Rebates, etc.) rry Totals to Line 37, page 5)	0.00	0.00
to F	ederal candidates and Other tical Committees	0.00	0.00
	er Federal Receipts vidends, Interest, etc.)	879.87	1900.03
-	ansfers 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
	al Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))	54311.12	136120.39
	al Federal Receipts otract Line 18(c) from Line 19)	54311.12	136120.39

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
	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	4303.08	4971.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	4303.08	4971.99
2. 1	ransfers to Affiliated/Other Party		
	Committees	0.00	0.00
F	Contributions to Federal Candidates/Committees	53000.00	60500.00
	ndependent Expenditure		
5. (use Schedule E) Coordinated Expenditures Made by Party	0.00	0.00
(Committees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
3. L	oan Repayments Made	0.00	0.00
	oans Made	0.00	0.00
	Refunds of Contributions To: a) Individuals/Persons Other Than Political Committees	0.00	0.00
	That I onload Committees		
`	b) Political Party Committees c) Other Political Committees	0.00	0.00
`	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. (Other Disbursements	0.00	0.00
n i	Endoral Election Activity (2.11.5.C. 431(20))		
J. 1	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	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
١	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	57303.08	65471.99
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		AP (P) 22
	from Line 31)	57303.08	65471.99

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)	53431.25	134220.36
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	53431.25	134220.36
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4303.08	4971.99
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4303.08	4971.99

		_										
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 6 / 47 (check only one)							
ıт	EMIZED RECEIPTS		or each category of the									
•••	LIVIIZED NEGELF 13		Detailed Summary Page	X	11a	11b	Ш	11	IC	12	_	_
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Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may ame and add	not be sold or used by any persoress of any political committee to	on for the solicit c	e purpos ontribut	e of so	oliciti om s	ng (uch	contr	ributior nmittee	1S) .	
abla	NAME OF COMMITTEE (In Full)											
\rangle	American Podiatric Medical Assn., Inc. P	Podiatry P	olitical Action Committee									
Α.	Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson			D	ate of R	eceipt						
	Mailing Address 201 68th Pl.		м м 0 2	D	^D 2	′ [Y	200				
	City	State	Zip Code	Tra	ansacti	on ID:	136	372	2014	ļ		
	Kenosha	WI	53143-5137		mount o						h	
					mount o		1100	- OIP			_	
	FEC ID number of contributing federal political committee.	C					-	_		500.	00	Ш
	Solf Employed 1	Occupation Podiatric	ı Physician									
	Receipt For:		Year-to-Date ▼									
	Primary General	1.99.194.11										
	Other (specify)		500.00	Ш								
	Other (specify)	1 1		4								
— В	Full Name (Last, First, Middle Initial) Dr. Jerry L. Titko			D	ate of R	eceint						
υ.												
		7in Codo	_ L	0 2	C	2		0	200			
	City	Zip Code 45242-6311	Transaction ID: 13672015									
	Cincinnati	Amount of Each Receipt this Period										
	FEC ID number of contributing									500.	nn	
	federal political committee.	C					1	_		300.		Ш
	Name of Employer Self-Employed	1										
	Sell-Employed	Podiatric	Physician									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			1								
	Other (specify)		500.00	Ш								
			0 0 0 0 0 0 0	4								
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Frank A. Spinosa			Di	ate of R	eceipt						
	Mailing Address P.O. Box 72				м м		D	, F	Υ	YY	Y	1
	3 3 4 4 4 1 .O. BOX 72				0 2		2			200		
	City	State	Zip Code	Tra	ansacti	on ID:	136	372	2016	;		
	Shelter Island	NY	11964-0072		mount o							
	FEC ID number of contributing					1	÷	-				
	federal political committee.	C					_	_		1000.	00	Ш
	Solf Employed 1	Occupation	n Physician									
	Receipt For:											
	Primary General	-		1								
	Other (specify) ▼		1000.00									
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1									•	2000.	ሰበ	
S	UBTOTAL of Receipts This Page (optional)		······	. L				_		.000.	90	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 47				
ITEMIZED RECEIPTS			or each category of the	(check only one)				
			Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	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)							
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee					
Α.	Full Name (Last, First, Middle Initial) Dr. John E. Forrette			Date of Receipt				
	Mailing Address 3028 S. Amanda Ct.			02 05 7 2007				
	City	State	Zip Code	Transaction ID: 13701444				
	Sioux Falls	SD	57103-4828	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:		e Year-to-Date ▼					
	Primary General			1				
	Other (specify)	0 0	250.00]				
В.	Full Name (Last, First, Middle Initial) Dr. Robert E. Sherman			Date of Receipt				
	Mailing Address 4640 Main St.	0 2 0 5 2 0 0 7						
	City	State	Zip Code	Transaction ID: 13701447				
	Stratford	CT	06614-3634	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Self-Employed	Occupation	n	7				
	Self-Employed *	Podiatric	Physician					
	Receipt For:	Aggregate	e Year-to-Date ▼	7				
	Primary General		050,00	1				
	Other (specify)	0 0	250.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. R. Craig Martin			Date of Receipt				
	Mailing Address 6250 Clearview Rd.			0 2 0 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 13701453				
	Dover	PA	17315-3206	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			250.00				
	Name of Employer Self-Employed	Occupation Podiatric	n Physician					
	Receipt For:		Year-to-Date ▼	7				
	Primary General		050.00	1				
	Other (specify) ▼		250.00]				
	UBTOTAL of Receipts This Page (optional)			750.00				
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A. 3.	Full Name (Last, First, Middle Initial) Dr. Kirk W. Davis Mailing Address 44 Monroe Dr. City Chambersburg FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Sharon Miller Root	1	Zip Code 17201-7914 In Physician e Year-to-Date ▼	Date of Receipt M M
	Mailing Address 26 Hilltop Rd. City Mendham FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼		Zip Code 07945-1236 n Physician e Year-to-Date ▼	Transaction ID: 13701504 Amount of Each Receipt this Period 251.00
D.	Full Name (Last, First, Middle Initial) Dr. Kathleen M. Stone Mailing Address 18807 N. 42nd Ave. City Glendale FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 85308-7527 n Physician e 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
S	UBTOTAL of Receipts This Page (optional)		·····	1751.00
т	OTAL This Period (last page this line number or	ılv)	·····	

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
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			Detailed Summary Page	13 14 15 16 17				
۸r	ny information copied from such Reports and Sta	atomonte may	y not be cold or used by any perc					
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	osolicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee					
Α.	Full Name (Last, First, Middle Initial) Dr. Gregory M. Jansyn			Date of Receipt				
	Mailing Address 927 S. Peale			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City	State	Zip Code	Transaction ID: 13713628				
	Park Ridge	IL	60068-4961	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:	Aggregate	e Year-to-Date ▼					
	Primary General		050.00	1				
	Other (specify)		250.00					
В.	Full Name (Last, First, Middle Initial) Dr. Howard I. Hyman			Date of Receipt				
	Mailing Address 1 Brookeside Ct.	M M / D D / Y Y Y Y						
				02 09 2007				
	City	State	Zip Code	Transaction ID: 13713726				
	Scotch Plains	NJ	07076-2647	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		250.00				
	federal political committee.	0						
	Name of Employer	Occupation	า	7				
	Self-Employed		Physician					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		050.00	1				
	Other (specify)		250.00]				
_	Full Name (Last, First, Middle Initial)			Data of Descript				
U .	Dr. Alvin J. Kanegis Mailing Address 78 Page Ln.			Date of Receipt				
	Mailing Address 78 Page Ln.			02 09 2007				
	City	State	Zip Code	Transaction ID: 13713727				
	Westbury	NY	11590-6213	Amount of Each Receipt this Period				
	•							
	FEC ID number of contributing federal political committee.			250.00				
	Name of Employer Self-Employed	Occupation Podiatric	ո Physician	7				
	Receipt For:		Year-to-Date ▼	_				
	Primary General	33. 384.0		1				
	Other (specify) ▼		250.00					
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6	UBTOTAL of Receipts This Page (optional)			750.00				
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 47					
ITEMIZED RECEIPTS		or each category of the	(check only one)					
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Assistance in the second of th			13 14 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the	name and ad	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		.,						
American Podiatric Medical Assn., Inc	Podiatry F	Political Action Committee						
/ /								
Full Name (Last, First, Middle Initial)								
Dr. Richard A. Bellacosa			Date of Receipt					
Mailing Address 7 Tanner Woods			02 09 2007					
City	State	Zip Code	Transaction ID: 13713728					
San Antonio	TX	78248-1629	Amount of Each Receipt this Period					
	1/	70240-1029	Amount of Each Neceipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
- Todoral political committee.								
Name of Employer Self-Employed	Occupatio							
		Physician						
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼		250.00						
Citiei (specify)		0 0 0 0 0 0 0						
Full Name (Last, First, Middle Initial)								
3. Dr. Steven A. Maffei			Date of Receipt					
Mailing Address 1 Meadowlark Ln.	M M / D D / Y Y Y Y							
			02 09 2007					
City	State	Zip Code	Transaction ID: 13713730					
Franklin Park	NJ	08823-1809	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		250.00					
Name of Employer Self-Employed	Occupatio							
-		Physician						
Receipt For: Primary General	Aggregate	e Year-to-Date ▼						
Other (specify)		500.00						
Carlot (opcony) 🔻	0 0	1 1 1 1 1 1 1						
Full Name (Last, First, Middle Initial)	1							
Dr. George Michael Nassoor			Date of Receipt					
Mailing Address 201 E. Lafayette St.			02 09 2007					
City	State	Zip Code	Transaction ID: 13713731					
Easton	PA	18042-1675	Amount of Each Receipt this Period					
FEC ID number of contributing		10042 1070						
federal political committee.	C		250.00					
	1.							
Name of Employer Self-Employed	Occupatio							
Receipt For:		Physician e Year-to-Date ▼	\dashv					
Primary General	Aggregate	, 10a1-10-Date ¥	1					
Other (specify)		250.00						
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SUBTOTAL of Receipts This Page (optional)			750.00					
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 47
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.			
Full Name (Last, First, Middle Initial) Dr. Louis J. DeCaro Mailing Address 184 Main St. #4A City Northampton FEC ID number of contributing federal political committee. Name of Employer	State MA C	Zip Code 01060-3164	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)	Podiatric	Physician e Year-to-Date ▼ 501.00	
Full Name (Last, First, Middle Initial) Dr. Jason Ray Surratt Mailing Address 8722 S.W. 49th Ave.			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: 13713742
Portland FEC ID number of contributing federal political committee.	OR	97219-3357	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: ☐ Primary General ☐ Other (specify) ▼		n Physician e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John D. Ruff Mailing Address 6801 N. Ruff Ln.			Date of Receipt M
City Peoria	State	Zip Code 61614-2843	Transaction ID: 13713745
FEC ID number of contributing federal political committee.	C	01014-2043	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1251.00
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 47			
•			Use separate schedule(s) or each category of the	(check only one)			
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
			2 otaliou Guillina, i ago	13 14 15 16 17			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any person	on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee				
Α.	Full Name (Last, First, Middle Initial) Dr. Frederick N. Fedorchak			Date of Receipt			
	Mailing Address 12936 Tyler St.			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City	State	Zip Code	Transaction ID: 13713747			
	Crown Point	IN	46307-9218	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:		Year-to-Date ▼	_			
	Primary General	00 0		1			
	Other (specify) ▼		250.00				
В.	Full Name (Last, First, Middle Initial) Dr. Michael J. Wessels			Date of Receipt			
	Mailing Address 2245 River View Dr.			0 2 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: 13713757			
	Rock Falls	IL	61071-1442	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Self-Employed	Occupation	n Physician				
	Receipt For:		Year-to-Date ▼				
	Primary General	1.999		1			
	Other (specify)	0 0	500.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robb A. Mothershed			Date of Receipt			
	Mailing Address 5732 Brandiles Ln.			M M / D D / Y Y Y Y Y O O O O O O O O O O O O O O			
	City	State	Zip Code	Transaction ID: 13713760			
	Winston Salem	NC	27104	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:		Year-to-Date ▼				
	Primary General	111		1			
	Other (specify) ▼		250.00				
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s	UBTOTAL of Receipts This Page (optional)			1000.00			
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S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 13 / 47
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Michael H. Martin			Date of Receipt
	Mailing Address 1310 W. Broadway			02 12 2007
	City	State	Zip Code	Transaction ID: 13715082
	Enid	OK	73703-5719	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:		Year-to-Date ▼	_
	Primary General	199.194		1
	Other (specify) ▼	l	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. K. Erik Ploot			Date of Receipt
	Mailing Address 1067 Blue Grouse			02 12 2007
	City	State	Zip Code	Transaction ID: 13715083
	Kalispell	MT	59901-7667	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:		Year-to-Date ▼	
	Primary General	33 13		1
	Other (specify)	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Troy David Zimbelman			Date of Receipt
	Mailing Address 121 E. Poplar 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: 13715084
	Prattville	AL	36066-3638	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		500.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	L	500.00	
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s	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 47
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Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Charles M. Lombardi			Date of Receipt
	Mailing Address 166-02 12th Rd.			02 15 2007
	City	State	Zip Code	Transaction ID: 13732107
	Beechhurst	NY	11357-2806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:		Year-to-Date ▼	\dashv
	Primary General	39 -3		1
	Other (specify) ▼		250.00	
				d .
В.	Full Name (Last, First, Middle Initial) Dr. John Steven Steinberg			Date of Receipt
	Mailing Address 1709 Landon Hill Rd.			M M / D D / Y Y Y Y
	Cit.	Ctata	7'- Oada	02 15 2007
	City	State	Zip Code	Transaction ID: 13732110
	Vienna	VA	22182-1853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	 1	_
	Self-Employed		Physician	
	Receipt For:	_	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
— С.	Full Name (Last, First, Middle Initial) Dr. David H. Korfin			Date of Receipt
J.	Mailing Address 11910 Kimberley Ln.			M M / D D / Y Y Y Y
				02 15 2007
	City	State	Zip Code	Transaction ID: 13732114
	Houston	TX	77024-7807	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation		
			Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			J.
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 47 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Mark M. Schilansky			Date of Receipt
	Mailing Address 181 Elting Rd.			02 15 2007
	City	State	Zip Code	Transaction ID: 13732118
	Catskill	NY	12414-6731	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation	n Physician	1
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	000.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Martin M. Pressman			Date of Receipt
	Mailing Address 109 N. Racebrook Rd.			M M / D D / Y Y Y Y
	21			02 15 2007
	City Woodbridge	State CT	Zip Code	Transaction ID: 13732128
			06525-1407	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:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Curior (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. Debra J. Lusk			Date of Receipt
	Mailing Address 6255 Park West Dr.			02 15 2007
	City	State	Zip Code	Transaction ID: 13732130
	Beaumont	TX	77706-7637	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation		
			Physician	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/47
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Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	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.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Amy Beth Herskowitz			Date of Receipt
	Mailing Address Woodbury Foot Care Cer 722 Mantua Pk. #8	ntre		02 15 7 2007
	City	State	Zip Code	Transaction ID: 13732154
	Woodbury	NJ	08097-1141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Woodbury Foot Care Centre	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Deborah A. DeRose			Date of Receipt
	Mailing Address 880 Old Post Rd.			02 15 2007
	City	State	Zip Code	Transaction ID: 13732159
	<u>Fairfield</u>	CT	06824-8403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:		Year-to-Date V	-
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
- Э.	Full Name (Last, First, Middle Initial) Dr. Frank S. Campo			Date of Receipt
	Mailing Address N. End Foot Center 260 North St.			02 19 2007
	City	State	Zip Code	Transaction ID: 13749902
	Boston	MA	02113-2106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer N. End Foot Center	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 47	
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or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Andrew C. Schink			Date of Receipt	
	Mailing Address 1715 Cameo	Ctata	7'a Cada	02 21 2007	
	City	State OR	Zip Code	Transaction ID: 13769022	
	Eugene	UN	97405-5897	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:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Dr. Todd Damien O'Brien			Date of Receipt	
	Mailing Address P.O. Box 391			02 07 7 2007	
	City	State	Zip Code	Transaction ID: 13769030	
	West Enfield	ME	04493-0391	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1049.00	
	Name of Employer Self-Employed	Occupation	า	7	
			Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		1049.00		
C.	Full Name (Last, First, Middle Initial) Dr. Kimberly A. Daley			Date of Receipt	
	Mailing Address Foot Care Center 563 Lakehurst Rd.			02 12 2007	
	City	State	Zip Code	Transaction ID: 13769063	
	Toms River	NJ	08755-6428	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Foot Care Center	Occupation Podiatric	n Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			1799.00	
H	. 5 (1 7				
т	OTAL This Period (last page this line number of	only))		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 18 / 47
•		Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. William P. Crotty			Date of Receipt
	Mailing Address 5601 Park Ave.			02 12 2007
	City	State	Zip Code	Transaction ID: 13769064
	Fort Smith	AR	72903-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	/ iggi ogalo	Tour to Bate V	1
	Other (specify) ▼		2000.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Jon A. Hultman			Date of Receipt
	Mailing Address 2011 Thayer Ave.			M M / D D / Y Y Y
				02 12 2007
	City	State	Zip Code	Transaction ID: 13769066
	Los Angeles	CA	90025-5926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation	<u> </u>	
	Self-Employed	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Edward J. Benedict			Date of Receipt
	Mailing Address 11001 S.E. 174th Loop			02 09 2007
	City	State	Zip Code	Transaction ID: 13769080
	Summerfield	FL	34491-8619	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Podiatric	ո Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		500,00	1
	Other (specify) ▼		500.00	
				2000.00
s	UBTOTAL of Receipts This Page (optional)			3000.00
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A .	Full Name (Last, First, Middle Initial) Dr. William N. McCann Mailing Address 18 Jonathan Lane City Bow FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 03304-3713 n Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 2 0 0 7 Transaction ID: 13769111 Amount of Each Receipt this Period 500.00
3.	Full Name (Last, First, Middle Initial) Dr. Eric R. Hubbard Mailing Address 3530 Weston City Long Beach FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 90807-3818 n Physician e Year-to-Date ▼ 500.00	Date of Receipt M M Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
C .	Full Name (Last, First, Middle Initial) Dr. Garry W. Neltner Mailing Address 3117 Hudnall Ln. City Edgewood FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 41017-2320 n Physician e Year-to-Date ▼	Date of Receipt M M
s	UBTOTAL of Receipts This Page (optional))	1500.00
т	OTAL This Period (last page this line number or	nlv)	.	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 47
	EMIZED RECEIPTS		or each category of the	(check only one)
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An	y information copied from such Reports and Sta	tements may	γ not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)	Dadiator D	Islikias I Askisas Osaasikkas	
/	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. T. Eric Siceloff			Date of Receipt
	Mailing Address 3636 Edgemoor Ct.			02 22 2007
	City	State	Zip Code	Transaction ID: 13769676
	Clemmons	NC	27012-8921	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		150.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼	0 0	150.00	
_	Full Name (Last, First, Middle Initial)			
3.	Dr. Robert J. Warkala Mailing Address 445 Hurffville-Crosskeys	D4 #D6		Date of Receipt
	Walling Address 445 Hufffville-Crosskeys	6 Nu. #D0		02 22 2007
	City	State	Zip Code	Transaction ID: 13769678
	Sewell	NJ	08080-2338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-Employed	Occupation		7
			Physician -	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		1000.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Harvey R. Jacobs			Date of Receipt
	Mailing Address 791 Dow Rd.			M M / D D / Y Y Y Y
	Cit.	Ctata	7in Onda	02 22 2007
	City Bridgewater	State NJ	Zip Code 08807-1168	Transaction ID: 13769681 Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1 1	
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:	_	Physician Year-to-Date ▼	\dashv
	Primary General	riggregate		1
	Other (specify) ▼		250.00	
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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Joseph Ryan Treadwell Mailing Address 15 Lantern Ct. City Farmington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 06032-3333	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Dr. Eric M. Kosofsky Mailing Address Hartford Podiatry Group 597 Farmington Ave. City Hartford FEC ID number of contributing federal political committee. Name of Employer	State CT C	Zip Code 06105-3057	Date of Receipt M M 22 2007 Transaction ID: 13769683 Amount of Each Receipt this Period 500.00
	Name of Employer Hartford Podiatry Group Receipt For: ☐ Primary ☐ General Other (specify) ▼	Podiatric	Physician Year-to-Date ▼ 500.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Robert E. Marra Mailing Address 166 Greenwood Dr.	Chris	7:n Code	Date of Receipt 0 2 2 2 2 0 0 7
	City South Windsor FEC ID number of contributing federal political committee.	State CT	Zip Code 06074-2910	Transaction ID: 13769684 Amount of Each Receipt this Period 300.00
	Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Physician Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			1100.00
T	OTAL This Period (last page this line number or	ılv)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A	Full Name (Last, First, Middle Initial) Dr. R. Daniel Davis Mailing Address 450 Clement Ln. City Orange FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Phillip E. Ward Mailing Address 65 Shadow Ln.		Zip Code 06477-2803 n Physician e Year-to-Date ▼	Date of Receipt M M A Z 2 Z 2 Z 2 D 0 7 Transaction ID: 13769685 Amount of Each Receipt this Period 1000.00 Date of Receipt M M Z D D Z Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 65 Shadow Ln. City Whispering Pines FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼		Zip Code 28327-9359 n Physician Year-to-Date ▼	Transaction ID: 13769718 Amount of Each Receipt this Period 1000.00
D.	Full Name (Last, First, Middle Initial) Dr. Christian A. Robertozzi Mailing Address 43 Dourna Dr. City Newton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 07860-1558 n Physician Year-to-Date ▼	Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional))	3000.00
т	OTAL This Period (last page this line number on	lv)		

C				FOR LINE NUMBER: PAGE 23 / 47
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and St	otomonte may	, not be cold or used by any pers	
or	for commercial purposes, other than using the i	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
	7 interredia i Gardine Medical 7 icenii, mei	. outury .	omioar rionori committee	
_	Full Name (Last, First, Middle Initial)			
A.	Dr. Thomas S. Murray			Date of Receipt
	Mailing Address 10812 S.E. 3rd St.			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	02 16 2007
	City	State	Zip Code	Transaction ID: 13772146
	Midwest City	OK	73130-5104	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation	n	\neg
	Self-Employed 5	Podiatric	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Terence Scott Pedersen			Date of Receipt
	Mailing Address 122 Lake Shore Dr.			02 16 2007
	City	State	Zip Code	Transaction ID: 13772147
	Utica	SD	57067-5910	Amount of Each Receipt this Period
		OD.	37007-3910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
		_	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	11
	Other (specify)	1		1
	Full Name (Last, First, Middle Initial)			_
C.	Dr. William J. O'Neill			Date of Receipt
	Mailing Address 3530 Stancliff Rd.			M M / D D / Y Y Y Y
				02 16 2007
	City	State	Zip Code	Transaction ID: 13772148
	Clemmons	NC	27012-9085	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer	Occupation	 n	\dashv
	Self-Employed		Physician	
	Receipt For:		e Year-to-Date ▼	7
	Primary General			7
	Other (specify) ▼		250.00	
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	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
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			Detailed Summary Page	13 14 15 16 17
۸r	ny information copied from such Reports and Sta	atomonte may	, not be cold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. David Alan Yeager			Date of Receipt
	Mailing Address 2165 Fawn Ridge Dr.			02 22 2007
	City	State	Zip Code	Transaction ID: 13772171
	Dixon	IL	61021-9502	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	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	7
	Other (specify)	0 0	250.00	
 R	Full Name (Last, First, Middle Initial) Dr. S. F. Charley Hartley			Date of Receipt
٥.	Mailing Address 2201 Juanita Ln.			M M / D D / Y Y Y Y
	ZZOT Oddrita Eri.			02 22 2007
	City	State	Zip Code	Transaction ID: 13772172
	Deer Park	TX	77536-4214	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			555.55
	Name of Employer	Occupation	n	7
	Self-Employed	Podiatric	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	500.00	7
	Other (specify)	0 0	300.00	_
_	Full Name (Last, First, Middle Initial) Dr. Richard P. Reinherz			Date of Receipt
J.	Mailing Address 446 Ronnie Dr.			M M / D D / Y Y Y Y
				02 22 2007
	City	State	Zip Code	Transaction ID: 13772174
	Buffalo Grove	IL	60089-1152	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	7
	Receipt For:		e Year-to-Date ▼	7
	Primary General		050.00	7
	Other (specify) ▼		250.00	
_				
				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
				-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 25 / 47
	,		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Kevin Naugle			Date of Receipt
	Mailing Address 150 Slim Ln.			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y \\ 0 & 2 & & 2 & 2 & 0 & 0 & 7 \end{bmatrix}$
	City	State	Zip Code	Transaction ID: 13772175
	Mohnton	PA	19540-8618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:		Year-to-Date V	\dashv
	Primary General	riggrogato	rear to Bate V	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert M. Caldwell			Date of Receipt
	Mailing Address 3703 Cottage Grove Ave	e. S.E.		M M / D D / Y Y Y Y
				02 22 2007
	City	State	Zip Code	Transaction ID: 13772180
	Cedar Rapids	IA	52403-1551	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:	1	Year-to-Date V	
	Primary General	Aggregate	rear-to-Date ▼	,
	Other (specify)		250.00	
	care. (epecy) 🗸		0 0 0 0 0 0 0	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Stephen K. Grandfield			Date of Receipt
	Mailing Address 7 The Thumb			02
	City	State	Zip Code	Transaction ID: 13772181
	Portage	IN	46368-8706	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Self-Employed	Occupation Podiatric	ո Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 47	
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
			Detailed Summary Page		17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	on for the purpose of soliciting contributions	
/ OI	NAME OF COMMITTEE (In Full)	name and add	aress of any political committee to	Solicit Contributions from Such Committee.	_
	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. Marvin N. Grossman			Date of Receipt	
	Mailing Address 3869 Woodleigh Ave. N			02 / 22 / 2007	
	City Canton	State OH	Zip Code 44718-2275	Transaction ID: 13772182 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	11110 2210	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. T. Eric Siceloff			Date of Receipt	_
	Mailing Address 3636 Edgemoor Ct.			02 / 22 / 2007	
	City	State	Zip Code	Transaction ID: 13772183	
	Clemmons	NC	27012-8921	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		150.00	
	Name of Employer Self-Employed	Occupation Podiatric	ⁿ Physician		
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	300.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Karen F. Sanicola			Date of Receipt	
	Mailing Address 19511 Spring Valley Dr			0 2 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13786969	
	Hagerstown	MD	21742-2411	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed		Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	1	
<u>ج</u>	SUBTOTAL of Receipts This Page (optional)			650.00	1
	, , ,				ĺ
ΙT	OTAL This Period (last page this line number of	oniy)			4

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress 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 Assn., Inc	. Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Alan J. Discont Mailing Address 9068 E. Havasupai Dr. City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State AZ C Occupatio Podiatric	Zip Code 85255-9126 on 2 Physician e Year-to-Date ▼ 250.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Dr. Jerome S. Schnall Mailing Address 2025 E. State St. City Hermitage FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 16148-1893 on c Physician e Year-to-Date ▼	Date of Receipt M M / 20 / 2007 Transaction ID: 13788452 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Mark F. Rogers Mailing Address Central UT Foot & Ank 150 W. 800 N. City Provo FEC ID number of contributing federal political committee. Name of Employer Central UT Foot & Ankle Clinic Receipt For: Primary General Other (specify)	State UT C Occupatio Podiatric	Zip Code 84601-1624 on c Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 13788453 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 28 / 47 (check only one)
		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may 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 solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Assn., Inc.	. Podiatry P	Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Daniel M. Hagan			Date of Receipt
Mailing Address 1404 Clifton Rd.			$\begin{array}{cccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 13788460
<u>Jacksonville</u>	NC	28540-8202	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) ▼		250.00	
Full Name (Last, First, Middle Initial)			
Dr. Craig J. McLaws			Date of Receipt
Mailing Address The Foot Care Center 132 N. Gould			02 20 2007
City	State	Zip Code	Transaction ID: 13788462
Sheridan	WY	82801-3055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer The Foot Care Center	Occupation		
Receipt For:		Physician e Year-to-Date ▼	-
Primary General Other (specify) ▼	33 13	250.00	
Full Name (Last, First, Middle Initial) Dr. Francis A. Hawthorn			Date of Receipt
Mailing Address 3901 Central Pike #353	3		M M / D D / Y Y Y Y Y Y Y Y Y Z 0 0 7
City	State	Zip Code	Transaction ID: 13788468
<u>Hermitage</u>	TN	37076-3422	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	
SUBTOTAL of Receipts This Page (optional)			750.00
		•	-

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 29 / 47
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	D. P. L. D	a Patricia I. A cathe e O consisting a	
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Arnold S. Beresh			Date of Receipt
	Mailing Address 417 Chadwick Pl.			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: 13789566
	Newport News	VA	23606-3169	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	, igg. ogaio	1 1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Kevin Holton			Date of Receipt
	Mailing Address 2805 Jasmine 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: 13789567
	Saint Cloud	MN	56301-9467	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Self-Employed 1	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
_	Full Name (Last, First, Middle Initial)			Detect Descript
C.	Dr. R. Craig Martin Mailing Address 6250 Clearview Rd.			Date of Receipt
	Walling Address 6250 Clearview Nd.			02 22 2007
	City	State	Zip Code	Transaction ID: 13789572
	Dover	PA	17315-3206	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 47 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc. F	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. James R. Christina			Date of Receipt
	Mailing Address 3 Glendorian Ct.			02 27 2007
	City	State	Zip Code	Transaction ID: 13789622
	Cockeysville	MD	21030-2407	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	_ · · ·	250.00	1
	Other (specify)		230.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Charles D. Anderson			Date of Receipt
	Mailing Address 306 Chautauqua Ave.			M M / D D / Y Y Y Y
				02 28 2007
	City	State	Zip Code	Transaction ID: 13790038
	Norman	OK	73069-5504	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Self-Employed	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		350.00	1
	Other (specify)		330.00]
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Martin Clayton Harris			Date of Receipt
	Mailing Address 70 Hillside Rd.			02 28 2007
	City	State	Zip Code	Transaction ID: 13790039
	Cumberland	RI	02864-3206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Self-Employed		Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		200.00	1
Г				
١,	UBTOTAL of Receipts This Page (optional)		_	850.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 31 / 47
	,		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrillary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Carlton G. Purvis			Date of Receipt
	Mailing Address 309 Old Coach Rd.			02 28 2007
	City	State	Zip Code	Transaction ID: 13790040
	Rocky Mount	NC	27804-2134	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	7
	Receipt For:	•	Year-to-Date ▼	\dashv
	Primary General	7 1991 09410		1
	Other (specify)		250.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. David H. Sims			Date of Receipt
	Mailing Address 50 Cherry Hill 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: 13790043
	Parsippany	NJ	07054-1113	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Self-Employed 1	Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	☐ Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			Patro (Parada)
C.	Dr. James A. Fausett Mailing Address Eastern Avenue Podiatro	, Group		Date of Receipt
	3777 S. Pecos-McLeod			02 28 2007
	City	State	Zip Code	Transaction ID: 13790044
	Las Vegas	NV	89121-4265	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		250.00
	Name of Employer Eastern Avenue Podiatry	Occupation		
	Group		Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00]
	Other (specify)		200.00	1
				750.00
Ls	UBTOTAL of Receipts This Page (optional)			700.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 47
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	w information copied from such Paparts and Str	ntomonte may	y not be cold or used by any perce	
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Brian W. Cornell			Date of Receipt
	Mailing Address 3 Algonquin Dr.			02 28 2007
	City	State	Zip Code	Transaction ID: 13790045
	Middletown	RI	02842-4573	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:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr. Kathryn Riffe			Date of Receipt
	Mailing Address 5000 Honeysuckle Dr.			02 28 2007
	City	State	Zip Code	Transaction ID: 13790046
	Milan	TN	38358-6440	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:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) 🔻	0 0		1
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Raymond G. Cavaliere			Date of Receipt
	Mailing Address 28 Cedar Ridge 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: 13790047
	Dix Hills	NY	11746-7941	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:		Year-to-Date ▼	
	Primary General		200.00	1
	Other (specify) ▼	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			1300.00
 -	OTAL This Period (last page this line number o	nlv)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 47 (check only one)
T	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stator commercial purposes, other than using the r	atements may 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.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Kim A. Halladay Mailing Address 574 Seagull Dr. City Tooele FEC ID number of contributing federal political committee. Name of Employer Self-Employed		Physician	Date of Receipt M M
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. David B. Laha Mailing Address 6202 W. 132nd Ter. City Overland Park FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State KS C Occupation Podiatric	Zip Code 66209-3920 n Physician	Date of Receipt M M D D Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Richard B. Viehe Mailing Address 21 Inverness Ln. City Newport Beach FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:		Zip Code 92660-5110 n Physician e 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
	Primary General Other (specify) ▼ JBTOTAL of Receipts This Page (optional)	1 1	250.00	1401.00
	OTAL This Period (last page this line number o		<u> </u>	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 34/4/
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
01	NAME OF COMMITTEE (In Full)	ie and add	aress or any political committee to	Solicit Contributions from Such Committee.
\setminus	American Podiatric Medical Assn., Inc. Po	odiatry P	olitical Action Committee	
_	7 tilleriodi i Galattio Medical 7 (331)., ilic. 1 (odiati y i	ontical Action Committee	
Δ.	Full Name (Last, First, Middle Initial) Dr. Jack Morgan			Date of Receipt
-	Mailing Address 360 Highland Ave.			M M / D D / Y Y Y Y
	01	01-1-	7's Oads	02 28 2007
	City Los Angeles	State CA	Zip Code 90024	Transaction ID: 13790055 Amount of Each Receipt this Period
	FEC ID number of contributing		30024	
	federal political committee.	C		250.00
	Solf Employed 1	Occupation		
			Physician Variate Pate =	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Steven N. Rembos			Date of Receipt
	Mailing Address 3800 Highland Ave. #102			M M / D D / Y Y Y Y
	Oth.	Ctata	7in Onda	02 28 2007
	City Downers Grove	State IL	Zip Code 60515-1559	Transaction ID: 13790057 Amount of Each Receipt this Period
	FEC ID number of contributing		00010-1000	
	federal political committee.	C		1000.00
	Name of Employer	Occupation	1	-
	Self-Employed		Physician	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1000.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
`	Full Name (Last, First, Middle Initial)			Dete of Bookint
J.	Dr. Keith A. Turlington Mailing Address 10000 Watson Rd. #2R			Date of Receipt
				02 28 2007
	City	State	Zip Code	Transaction ID: 13790060
	Saint Louis	MO	63126-1854	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	-
	Solf Employed	-	Physician	
		Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	1 1		
	1			4500.00
S	UBTOTAL of Receipts This Page (optional)		······	1500.00
T	OTAL This Period (last page this line number only))	_	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 47 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may 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 solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Matthew A. Parmenter Mailing Address 1345 Mercedes Dr. City Bloomington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 47401-8817 n Physician e Year-to-Date ▼	Date of Receipt M M M / 26 / 2007 Transaction ID: 13820627 Amount of Each Receipt this Period 1000.00
3.	Full Name (Last, First, Middle Initial) Dr. Timothy John Siegfried Mailing Address 10107 E. 94th St. N. City Owasso FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 74055-6838 n Physician e Year-to-Date ▼ 250.00	Date of Receipt M M M / 26 / 2007 Transaction ID: 13820635 Amount of Each Receipt this Period 250.00
D.	Full Name (Last, First, Middle Initial) Dr. Lauren Triplett-Schweickart Mailing Address 2650 Thornhill Dr. City Flatwoods FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)		Zip Code 41139-2402 n Physician e Year-to-Date ▼	Date of Receipt M M M
s	UBTOTAL of Receipts This Page (optional))	1500.00
T	OTAL This Period (last page this line number o	nlv)		

Primary

Other (specify)

General

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

PAGE 36 / 47 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) A. Dr. Thomas Abrahamsen Date of Receipt Mailing Address 190 Old Mill Rd. 02 27 2007 City State Zip Code Transaction ID: 13824275 Fairfield CT 06824-4928 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer Self-Employed Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John M. DePalma Date of Receipt Mailing Address 1006 Shawnee Ln. 02 07 2007 City Zip Code State Transaction ID: 13835980 Shamong NJ 08088-8973 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Self-Employed Occupation Podiatric Physician Receipt For: Aggregate Year-to-Date V

500.00

SUBTOTAL of Receipts This Page (optional)	•	800.00
TOTAL This Period (last page this line number only)	•	37552.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37/47
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and St	tatements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	D " . D		
American Podiatric Medical Assn., Inc.	. Podiatry P	Olitical Action Committee	_
Full Name (Last, First, Middle Initial) A. APMA Government Education Fund			Date of Receipt
Mailing Address 9312 Old Georgetown	Road		M M / D D / Y Y Y Y Y O D D / 2007
City	State	Zip Code	Transaction ID: 13715035
Bethesda	MD	20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.88
Name of Employer	Occupation	n	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		1298.71	Transfer Funds for Federal Operating Expenses
Full Name (Last, First, Middle Initial) 3. APMA Government Education Fund			Date of Receipt
Mailing Address 9312 Old Georgetown	Road		02 11 2007
City	State	Zip Code	Transaction ID: 13715036
<u>Bethesda</u>	MD	20814	Amount of Each Receipt this Period
FEC ID number of contributing	C		168.03
federal political committee.			
Name of Employer	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1	1466.74	Transfer Funds for Federal Operating Expenses
Other (specify) ▼	0 0		Operating Expenses
Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
Mailing Address 100 Light St., 19th Floo	or		02 28 2007
City	State	Zip Code	Transaction ID: 13873619
<u>Baltimore</u>	MD	21202-1036	Amount of Each Receipt this Period
FEC ID number of contributing	C		210.96
federal political committee.	C		210.00
Name of Employer Citigroup Global Markets,	Occupation Investme		
Inc. Receipt For:		e Year-to-Date ▼	-
Primary General	33 - 3		Interest Income
Other (specify) ▼	0 0	433.29	
			879.87
SUBTOTAL of Receipts This Page (optional)		······	
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			E NUMBER: PAGE 38 / 47						
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	y Information copied from such Reports and State										
or	for commercial purposes, other than using the nan	ne and address of any political of	commi	tee to s	Folicit contributions from such committee						
$ \setminus $	NAME OF COMMITTEE (In Full)										
\mathbb{Z}	American Podiatric Medical Assn., Inc. P	rican Podiatric Medical Assn., Inc. Podiatry Political Action Committee									
_	Full Name (Last, First, Middle Initial)				Transaction ID: 13873627						
Α.	Internal Revenue Service - Financial Ager	rnal Revenue Service - Financial Agent									
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	Mailing Address				02 01 2007						
	City	State Zip Code			Amount of Each Disbursement this Period						
	Philadelphia	PA									
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	Estimated Federal Tax Payment		00	1							
	Candidate Name		Cate	, ,							
			Тур	oe							
		ement For:			Estimated Federal Tax Pay-						
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	President	Other (specify)									
	State: District:										
ь	Full Name (Last, First, Middle Initial)				Transaction ID: 13873621						
В.	Wachovia Bank, N.A.				Date of Disbursement						
	Mailing Address NC8502				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	PO Box 563966										
	City	State Zip Code			Amount of Each Disbursement this Period						
	Charlotte	NC 28262-3966									
	Purpose of Disbursement		-	-	1503.08						
	Bank Fees		00	1							
	Candidate Name		Cate								
			Тур	oe							
	°	ement For:			Bank Fees						
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	President	Other (specify)									
	State: District:										

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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	4303.08
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 NAME OF COMMITTEE (In Full) 	and address of any political co	1111111	iiee iu s	SUILUIT C	or iti ibu	110115 110	JIII SUCII	COMM	iillee		
American Podiatric Medical Assn., Inc. Pod	diatry Political Action Com	nmitt	ee								
Full Name (Last, First, Middle Initial)				1			137014	163			
Democratic Senatorial Campaign Committee	96					Disburse / D		ΥΥ	Υ	Υ	
Mailing Address 120 Maryland Avenue, NE				0	2	0	5 /	2	0 ŏ 7		
	State Zip Code DC 20002			Ar	nount o	of Each	Disburse	ement	this P	eriod	
Purpose of Disbursement	20002			+				5	0.00	0	
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Candidate Name		Cate Ty									
Office Sought: House Disburser Senate	nent For: Primary General										
President	Other (specify)										
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Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee							137015	512			
Fele Stark Re-Election Committee					и м)isburse		ΥΥ	Y	Υ	
Mailing Address P.O. Box 8331				0	2	0	5 /	2	0 ŏ 7		
,	State Zip Code CA 94537			Amount of Each Disburse			ement	this P	eriod		
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On didde Norre		01									
Candidate Name Rep. Fortney Peter Stark	'	Cate Typ									
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Senate V	Primary General Other (specify) ▼										
	mary Electio										
Full Name (Last, First, Middle Initial)	•			Tra	ansact	tion ID:	137015	506			_
John D. Dingell For Congress Committee				Da		Disburse		v		V	
Mailing Address 607 14th Street N.W. Suite 800					2	0	5 /	ž	0 ŏ 7		
	State Zip Code DC 20005			Ar	nount o	of Each	Disburse	ement	this P	eriod	
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Candidate Name Rep. John D. Dingell	'	Cate Ty _l									
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	•								
۹.	Full Name (Last, First, Middle Initial) Friends For Harry Reid				Date o	f Disburs	: 137015 ement) ŏ 7	Y
	Mailing Address PO Box 85223				0 2				, 0 ,	
	,	State Zip Code NV 89185			Amoui	nt of Each	n Disburs	ement	this Pe	eriod
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	Candidate Name Sen. Harry Reid			Category/ Type						
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_	Full Name (Last, First, Middle Initial)	,			Trans	action ID	: 137015	509		
3.	Wynn for Congress				M	f Disburs		ΥΥΫ́	Y	Υ
	Mailing Address P.O. Box 5323				0 2		05	2 () Ď 7	
	,	State Zip Code MD 20791			Amoui	nt of Each	n Disburs	ement	this Pe	eriod
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	Candidate Name Mr. Albert R. Wynn			011 Category/ Type						
	Senate President X	ment For: 2008 Primary General Other (specify) imary Electio	al							
_	Full Name (Last, First, Middle Initial)						: 13701	511		
<i>J</i> .	Tammy Baldwin For Congress				Date of	f Disburs	ement	YYY) ŏ 7	Υ
	Mailing Address P O Box 696				0.2) 5	2 (0 0 7	
	,	State Zip Code WI 53701			Amoui	nt of Each	n Disburs	ement t	this Pe	eriod
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	Candidate Name Rep. Tammy Baldwin			011 Category/ Type						
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\rangle	American Podiatric Medical Assn., Inc. P	odiatry Political Action Con	nmi	ttee									
	Full Name (Last, First, Middle Initial)					Transa	acti	on ID:	137014	175			
١.	Democratic Congressional Campaign Con	nmittee				Date o	of Di			V • V		V	
	Mailing Address 2nd Floor 430 S. Capitol Street					0 2	,	0	5 /	2	0 ŏ 7		
	City Washington	State Zip Code DC 20003				Amour	nt of	Each	Disburse	emen	t this F	erio	t —
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2	Full Name (Last, First, Middle Initial)	•••							137014	72			
٠.	National Republican Congressional Comr	nittee				Date o	_			v - v		V	
	Mailing Address 320 First Street, S.E					0 2	M /	^D 0	5 /	Ž	0 ŏ 7	Y	
	City Washington	State Zip Code DC 20003				Amount of Each Disbursement this F				erio	t		
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	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	137015	:10			_
).	Boozman For Congress					Date o				,,,			
	Mailing Address PO Box 671					0 2	M /	0	5 /	Ž	0 ŏ 7	Υ	
	City Rogers	State Zip Code AR 72757				Amour	nt of	Each	Disburse	emen	t this F	erio	b
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	Candidate Name Rep. John N. Boozman			egory/ ype									
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American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	nmit	tee							
Full Name (Last, First, Middle Initial)							137014	176		
National Republican Senatorial Committe	9					Disburse		Y Y	Y	Υ
Mailing Address Ronald Reagan Republi 425 2nd Street, NE	can Center				M 2 M	0	5 /	2	0 ŏ 7	
City Washington	State Zip Code DC 20002			Α	mount (of Each	Disburse	ement	this P	eriod
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Full Name (Last, First, Middle Initial) Gommittee To Re-Elect Vito Fossella						t <mark>ion ID:</mark> Disburse	137015	505		
Committee To He-Liect Vito Fossella					мм			Y Y	Υ	Υ
Mailing Address PO Box 131403 PO Box 060248					2	0	5 /	2	0 ŏ 7	
City Staten Island	State Zip Code NY 10313			Amount of Each Disburs			Disburs	ement	this P	eriod
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Candidate Name Rep. Vito J. Fossella		Cate	gory/ pe							
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Senate President	Primary General Other (specify) ▼									
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Full Name (Last, First, Middle Initial)	<u> </u>			Т	ansac	tion ID:	137015	508		
Walden For Congress Inc				D	ate of D	Disburse		V . V	V .	V
Mailing Address PO Box 1091) [™] 2 [™]	/ Bo	5 /	ž	0 ŏ 7	
City Hood River	State Zip Code OR 97031			Α	mount (of Each	Disburs	ement	this P	eriod
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Candidate Name Rep. Greg Walden		Cate Ty	gory/							
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 NAME OF COMMITTEE (In Full) 	and address of any political co	ommittee to	SOIICIL CONTI	ibutions in	om such c	ommittee	
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee					
Full Name (Last, First, Middle Initial)				action ID:		81	
Cubin For Congress Inc				of Disburs		V V	Y
Mailing Address Post Office Box 4657 P O Box 4657			0 ^M 2		D / Y	ž 0 ŏ 7	
	State Zip Code WY 82604		Amou	nt of Each	Disburse	ment this F	Period
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Rep. Barbara Cubin		Category/ Type					
	ment For: 2008						
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Full Name (Last, First, Middle Initial) 3. Stupak For Congress				action ID:		18	
Stupak For Congress			M	of Disburs		YY	Υ
Mailing Address 817 Ninth Avenue P.O. B PO Box 143			0 2	1	^D / Y	ž 0 ŏ 7	
,	State Zip Code MI 49858		Amount of Each Dis			ment this F	Period
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Rep. Bart Stupak		Type					
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· · · · · · · · · · · · · · · · · · ·	imary Electio						
Full Name (Last, First, Middle Initial) Diana Degette For Congress				action ID: of Disburse		26	
Mailing Address 770 Grant Street Suite 23			0 ^M 2	M / D	D / Y	2007	, Y
770 Grant Street Suite 23	8						
,	State Zip Code CO 80203		Amou	nt of Each	Disburse	ment this F	Period
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam									
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po									
۹.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc				Date	saction ID of Disburs			ŏ 7 ×	1
	Mailing Address 607 14th Street Nw Suite Suite 1434	e 800			0.2		20	20	0 7	
	City Washington	State Zip Code DC 20005			Amou	int of Eac	h Disburs	ement t	his Per	riod
	Purpose of Disbursement			011	Ī L.			25	00.00	
	Candidate Name Sen. Mary L. Landrieu		Ca	tegory/ Type						
	X Senate President X	ement For: 2008 Primary General Other (specify) rimary Electio								
_	Full Name (Last, First, Middle Initial)	milary Licetio			Trans	action ID): 13769()42		
3.	Kirk For Congress				M	of Disburs	sement	ΥΥΥ	Y Y	1
	Mailing Address P.O. Box 8				0 2		20	20	0̈́7 Υ	
	City Winnetka	State Zip Code IL 60093			Amou	int of Eac	h Disburs	ement t	his Per	riod
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	Candidate Name Rep. Mark Steven Kirk		Ca	tegory/ Type						
	Senate President X	ement For: 2008 Primary General Other (specify) rimary Electio								
_	Full Name (Last, First, Middle Initial)	milary Licetio			Trans	saction ID): 13769(054		
ō.	Mike Ross For Congress Committee				Date 0 2	of Disburs		ΥΥΥ	Y _ Y	1
	Mailing Address PO Box 360				0.2		20 /	20	ŏ7 [°]	
	City Prescott	State Zip Code AR 71857			Amou	int of Eac	h Disburs	ement t	his Per	riod
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	Candidate Name Rep. Michael A. Ross		Ca	tegory/ Type						
	Senate President X	ement For: 2008 Primary General Other (specify) rimary Electio								
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American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmitt	ee								
Full Name (Last, First, Middle Initial)							137690)58			
Hoyer For Congress						oisburse		Y Y	Y	Υ	
Mailing Address 7905 Malcolm Road Suit	e 102			O	2	2	0 /	2	0 ŏ 7		
City Clinton	State Zip Code MD 20735			Am	ount c	of Each	Disburs	ement	this P	eriod	_
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Senate President X	ment For: 2008 Primary General Other (specify)										
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Full Name (Last, First, Middle Initial) Pat Roberts For Senate						ion ID: isburse	137690 ement)47			
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\rangle	American Podiatric Medical Assn., Inc. Po	diatry Political Action Co	omm	ittee								
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٦.	Friends of Roger Wicker						Disbur			YYY	Υ	
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١.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy					ction ID:		44 2 0 0	7 Y
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