

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2007 through 07 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dr. Gerald Peterson, DPM
Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 08 13 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		250015.81
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	316471.09									
(c) Total Receipts (from Line 19)	20952.67	336880.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	337423.76	586895.99								
7. Total Disbursements (from Line 31)	48828.65	298300.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	288595.11	288595.11								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8499.00	199668.12
(i) Itemized (use Schedule A)	11389.00	127601.50
(ii) Unitemized	19888.00	327269.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	19888.00	327269.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1064.67	9610.56
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))	20952.67	336880.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20952.67	336880.18

DETAILED SUMMARY PAGE
of Disbursements

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.....	828.65	9817.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	828.65	9817.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48000.00	281500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1050.00
29. Other Disbursements.....	0.00	5933.71
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48828.65	298300.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	48828.65	298300.88

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)	19888.00	327269.62
34. Total Contribution Refunds (from Line 28(d))	0.00	1050.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19888.00	326219.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	828.65	9817.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	828.65	9817.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Kevin O'Reilly		Date of Receipt MM / DD / YYYY 07 / 06 / 2007
Mailing Address 1600 Marion Rd.		Transaction ID: 14299604
City Redlands	State CA	Zip Code 92374-6300
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Odin de los Reyes		Date of Receipt MM / DD / YYYY 07 / 09 / 2007
Mailing Address 22 Wedge Dr.		Transaction ID: 14338804
City Meriden	State CT	Zip Code 06450-6966
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Self-Employed	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Dr. Michele M. Kraft		Date of Receipt MM / DD / YYYY 07 / 09 / 2007
Mailing Address 707 Seacliff Dr.		Transaction ID: 14338840
City Aptos	State CA	Zip Code 95003-3574
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Nelson J. Pont

Mailing Address 24705 Riverwood

City State Zip Code
Franklin MI 48025-1232

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2007

Transaction ID: 14338930

Amount of Each Receipt this Period
99.00

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

Mailing Address 7842 Berkshire Pines Dr.

City State Zip Code
Naples FL 34104-7436

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2007

Transaction ID: 14338940

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. David Benjamin Kaplansky

Mailing Address Kaplansky Foot & Ankle Centers
1275 Olentangy River Rd. #120

City State Zip Code
Columbus OH 43212

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

Name of Employer Occupation
Kaplansky Foot & Ankle Centers
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 Y
07 / 06 / 2007

Transaction ID: 14338985

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	449.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Craig S. Schein		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2007	
Mailing Address 4573 Bayley Hazen Rd.		Transaction ID: 14340192	
City State Zip Code Peacham VT 05862	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Laura A. Lloyd		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2007	
Mailing Address Pamlico Podiatry Associates, P.A. 403 W. 15th St.		Transaction ID: 14340193	
City State Zip Code Washington NC 27889-3524	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Kirk Geter		Date of Receipt M M / D D / Y Y Y Y Y 07 / 16 / 2007	
Mailing Address 11121 lake victoria lane		Transaction ID: 14343672	
City State Zip Code Bowie MD 20720-4259	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert P. Matusz

Mailing Address 464 Hillside Ave.

City Naugatuck State CT Zip Code 06770-2726

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: 14343929

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gerald L. Cosentino

Mailing Address Bayshore Podiatry Center
417 S. Hyde Park Ave.

City Tampa State FL Zip Code 33606-2268

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

Name of Employer Occupation
Bayshore Podiatry Center Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2007

Transaction ID: 14343935

Amount of Each Receipt this Period
250.00

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

Mailing Address Northern CA Orthopedic Centers
6403 Coyle Ave. #170

City Carmichael State CA Zip Code 95608-0311

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

Name of Employer Occupation
Northern CA Orthopedic Centers Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2007

Transaction ID: 14343937

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 Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 29						
	(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

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

Full Name (Last, First, Middle Initial) A. Candace Daly		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2007	
Mailing Address 3388 S. 850 E.		Transaction ID: 14343941	
City State Zip Code Centerville UT 84014	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Laura R. Lefkowitz		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2007	
Mailing Address 1600 Pandora Ave.		Transaction ID: 14347180	
City State Zip Code Los Angeles CA 90024-6114	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Anthony M. Lombardo		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2007	
Mailing Address 17104 Westridge Meadow Dr.		Transaction ID: 14358781	
City State Zip Code Chesterfield MO 63005-1337	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Timothy C. Ford		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007	
Mailing Address 4000 Hope Ct.		Transaction ID: 14358782	
City Louisville	State KY	Amount of Each Receipt this Period 300.00	
Zip Code 40220-2231		FEC ID number of contributing federal political committee. C	
Name of Employer		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Kelley		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2007	
Mailing Address 2 Gibraltar		Transaction ID: 14359649	
City Rockford	State MI	Amount of Each Receipt this Period 300.00	
Zip Code 49341-7703		FEC ID number of contributing federal political committee. C	
Name of Employer		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. S. Ronald Miller		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007	
Mailing Address 14 Courtleigh Pl.		Transaction ID: 14361934	
City Reading	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19606-2941		FEC ID number of contributing federal political committee. C	
Name of Employer		Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard A. Belli		Date of Receipt MM / DD / YYYY 07 / 19 / 2007
Mailing Address 5010 Skillman Ave.		Transaction ID: 14417657
City Woodside	State NY	Zip Code 11377-4156
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas F. Vail		Date of Receipt MM / DD / YYYY 07 / 23 / 2007
Mailing Address 7365 Red Hawk Dr.		Transaction ID: 14417674
City Findlay	State OH	Zip Code 45840-9440
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard J. Miller		Date of Receipt MM / DD / YYYY 07 / 23 / 2007
Mailing Address 2408 Houston Branch Rd.		Transaction ID: 14417678
City Charlotte	State NC	Zip Code 28270-0777
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 29
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael C. Piccarelli		Date of Receipt M M / D D / Y Y Y Y Y 07 / 25 / 2007
Mailing Address 1084 Bay Ridge Pkwy.		Transaction ID: 14417680
City State Zip Code Brooklyn NY 11228-2304	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. David Allen Anderson		Date of Receipt M M / D D / Y Y Y Y Y 07 / 27 / 2007
Mailing Address Rt. 1 Box 136-18		Transaction ID: 14417685
City State Zip Code Weston WV 26452-9410	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Chris A. Klimowich		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2007
Mailing Address 12630 Panasoffkee Dr.		Transaction ID: 14417699
City State Zip Code North Fort Myers FL 33903-4748	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 29
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael K. Y. Chun

Mailing Address Kapiolani Med. Ctr. At Pali Momi
98-1079 Moanalua Rd. #400

City State Zip Code
Aiea HI 96701-3938

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

Name of Employer Occupation
Kapiolani Med. Ctr. At Pali Momi Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2007

Transaction ID: 14417700

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. Box 122

City State Zip Code
Bellvue CO 80512-0122

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2007

Transaction ID: 14417705

Amount of Each Receipt this Period
500.00

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

Mailing Address 2929 E. 69th Street

City State Zip Code
Tulsa OK 74136

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

Name of Employer Occupation
Podiatric Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 29 / 2007

Transaction ID: 14417707

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Jill Lynn Jackson-Smith

Mailing Address 2929 E. 69th Street

City State Zip Code
Tulsa OK 74136

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2007

Transaction ID: 14417710

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Deborah Sue Ross

Mailing Address 11 Donald Ln.

City State Zip Code
Ossining NY 10562-3927

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2007

Transaction ID: 14417714

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Bonnie Tatar

Mailing Address 115 Cardinal Cir.

City State Zip Code
Pittsburgh PA 15237-1067

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2007

Transaction ID: 14417715

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph S. Wells

Mailing Address 39195 Calle De Companero

City State Zip Code
Murrieta CA 92562-7135

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2007

Transaction ID: 14417717

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard A. Armstrong

Mailing Address Falmouth Podiatry
342A Gifford St.

City State Zip Code
Falmouth MA 02540-2948

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

Name of Employer Occupation
Falmouth Podiatry Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2007

Transaction ID: 14423775

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Timothy Scott Kneebone

Mailing Address 6888 N. Auburn Cir.

City State Zip Code
Moorpark CA 93021-1304

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

Name of Employer Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: 14423776

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)	8499.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 29
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
APMA Government Education Fund

Mailing Address 9312 Old Georgetown Road

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7815.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2007

Transaction ID: 14342205

Amount of Each Receipt this Period
828.65

Transfer Funds for Federal Operating Expenses

B. Full Name (Last, First, Middle Initial)
Citigroup/ Citigroup Global Markets Inc.

Mailing Address 100 Light St., 19th Floor

City State Zip Code
Baltimore MD 21202-1036

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1791.92

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2007

Transaction ID: 14471046

Amount of Each Receipt this Period
236.02

Interest & Dividends on Investment

SUBTOTAL of Receipts This Page (optional)	1064.67
TOTAL This Period (last page this line number only)	1064.67

**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 18 / 29

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Wachovia Bank, N.A.

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 14342206

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

828.65

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

828.65

TOTAL This Period (last page this line number only)

828.65

**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 19 / 29

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

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

Full Name (Last, First, Middle Initial) A. Committe To Re-Elect Ed Towns		Transaction ID: 14333752 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2007	
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1000.00	
City Brooklyn State NY Zip Code 11233	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Edolphus Towns			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Pallone For Congress		Transaction ID: 14333738 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2007	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Frank Pallone, Jr.			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) C. Gerald C 'Jerry' Weller For Congress		Transaction ID: 14333563 Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2007	
Mailing Address P.O. Box 687		Amount of Each Disbursement this Period 1000.00	
City Morris State IL Zip Code 60450	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Gerald C.Jerry Weller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 29

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

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

Full Name (Last, First, Middle Initial) A. Pryce For Congress		Transaction ID: 14333524	
Mailing Address 145 E. Rich Street		Date of Disbursement MM / DD / YYYY 07 / 09 / 2007	
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Deborah Pryce			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: OH District: 15			

Full Name (Last, First, Middle Initial) B. Christopher Shays For Congress Committee		Transaction ID: 14333797	
Mailing Address Rear Building 98 East Avenue		Date of Disbursement MM / DD / YYYY 07 / 09 / 2007	
City Norwalk	State CT	Zip Code 06851	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Christopher Shays			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: CT District: 4			

Full Name (Last, First, Middle Initial) C. Moran For Congress		Transaction ID: 14333675	
Mailing Address PO Box 2518		Date of Disbursement MM / DD / YYYY 07 / 09 / 2007	
City Alexandria	State VA	Zip Code 22301	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. James P. Moran			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: VA District: 8			

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Walsh For Congress Committee		Transaction ID: 14333783 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 306 Winkworth Parkway		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13215	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. James Walsh		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Boren For Congress 2008		Transaction ID: 14333654 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address PO Box 1924		Amount of Each Disbursement this Period 1000.00
City Muskogee State OK Zip Code 74401	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Daniel Boren		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Bennett Election Committee Inc		Transaction ID: 14333625 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 7
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1500.00
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Robert Bennett		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 2	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pallone For Congress		Transaction ID: 14346655 Date of Disbursement 07 / 16 / 2007	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 011 Category/Type	Candidate Name Rep. Frank Pallone, Jr.	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. People For Patty Murray U S Senate Campaign		Transaction ID: 14346716 Date of Disbursement 07 / 16 / 2007	
Mailing Address PO Box 3662		Amount of Each Disbursement this Period 1000.00	
City Seattle State WA Zip Code 98124	Purpose of Disbursement 011 Category/Type	Candidate Name Sen. Patty Murray	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Electio		

Full Name (Last, First, Middle Initial) C. Stupak For Congress		Transaction ID: 14346713 Date of Disbursement 07 / 16 / 2007	
Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143		Amount of Each Disbursement this Period 1000.00	
City Menominee State MI Zip Code 49858	Purpose of Disbursement 011 Category/Type	Candidate Name Rep. Bart Stupak	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pete Stark Re-Election Committee		Transaction ID: 14346658 Date of Disbursement 07 / 16 / 2007	
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 2500.00	
City Fremont	State CA	Zip Code 94537	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Candidate Name Rep. Fortney Peter Stark			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 13		

Full Name (Last, First, Middle Initial) B. Citizens For Bunning		Transaction ID: 14346663 Date of Disbursement 07 / 16 / 2007	
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period 1000.00	
City Ft Wright	State KY	Zip Code 41011	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Electio	
Candidate Name Sen. Jim Bunning			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: KY District: 1		

Full Name (Last, First, Middle Initial) C. Friends Of Sherrod Brown		Transaction ID: 14346715 Date of Disbursement 07 / 16 / 2007	
Mailing Address PO BOX 76187 Suite 800		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20005	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2012 Primary Electio	
Candidate Name Sen. Sherrod Brown			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District:		

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Walden For Congress Inc		Transaction ID: 14346660	
Mailing Address PO Box 1091		Date of Disbursement 07 / 16 / 2007	
City Hood River	State OR	Zip Code 97031	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Greg Walden			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: OR District: 2			

Full Name (Last, First, Middle Initial) B. Tim Bishop For Congress		Transaction ID: 14346661	
Mailing Address PO Box 437		Date of Disbursement 07 / 16 / 2007	
City Farmingville	State NY	Zip Code 11738	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Timothy Bishop			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: NY District: 1			

Full Name (Last, First, Middle Initial) C. King For Congress		Transaction ID: 14346714	
Mailing Address 126 Des Moines Street P.O. Box 576		Date of Disbursement 07 / 16 / 2007	
City Odebolt	State IA	Zip Code 51458	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Steve A. King			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: IA District: 5			

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Freedom Fund		Transaction ID: 14346662 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address 1155 21st. Street, NW Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036		
Purpose of Disbursement	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. The National Leadership PAC		Transaction ID: 14346717 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 5577		Amount of Each Disbursement this Period 5000.00
City Manhattanville Sta State NY Zip Code 10027		
Purpose of Disbursement	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Darlene Hooley For Congress		Transaction ID: 14370062 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 2050		Amount of Each Disbursement this Period 2000.00
City Salem State OR Zip Code 97308		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Gerald C 'Jerry' Weller For Congress

Mailing Address P.O. Box 687

City Morris State IL Zip Code 60450

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Gerald C. Jerry Weller

Office Sought: House
 Senate
 President
State: IL District: 11
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary Electio

Transaction ID: 14370042

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Jane Harman

Mailing Address PO Box 96

City Torrance State CA Zip Code 90507

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jane Harman

Office Sought: House
 Senate
 President
State: CA District: 36
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary Electio

Transaction ID: 14370044

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Diana Degette For Congress

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Diana DeGette

Office Sought: House
 Senate
 President
State: CO District: 1
Disbursement For: 2005
 Primary General
 Other (specify) ▼
2008 General Electio

Transaction ID: 14370051

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kirk For Congress		Transaction ID: 14370053 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 3000.00
City Winnetka State IL Zip Code 60093		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Mark Steven Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Knollenberg For Congress Committee		Transaction ID: 14370055 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7
Mailing Address 31000 Telegraph Road #110		Amount of Each Disbursement this Period 1000.00
City Bingham Farms State MI Zip Code 48025		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Joe Knollenberg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 9	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Tim Murphy For Congress		Transaction ID: 14370056 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 0 / 2 0 0 7
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 5000.00
City Pttsburgh State PA Zip Code 15234		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Tim F. Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Jim Marshall		Transaction ID: 14370041 Date of Disbursement 07 / 20 / 2007
Mailing Address 586 Orange St.		Amount of Each Disbursement this Period 1000.00
City Macon State GA Zip Code 31201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jim Marshall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 3	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) B. Kagen 4 Congress		Transaction ID: 14370052 Date of Disbursement 07 / 20 / 2007
Mailing Address 100 W. College Ave., 50-D		Amount of Each Disbursement this Period 1000.00
City Appleton State WI Zip Code 54911	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Steve Kagen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 8	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) C. Betty Sutton For Congress		Transaction ID: 14370050 Date of Disbursement 07 / 20 / 2007
Mailing Address 1700 W. Market St. #155		Amount of Each Disbursement this Period 1000.00
City Akron State OH Zip Code 44313	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Betty Sutton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. David Davis Victory Fund

Mailing Address 2016 Northwood Drive

City Johnson City State TN Zip Code 37601

Purpose of Disbursement

Candidate Name
Rep. David Davis

Office Sought: House
 Senate
 President

State: TN District: 1

Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary Electio

011
Category/
Type

Transaction ID: 14420374

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

48000.00