

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road 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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 01 2007 through 11 30 2007

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

Type or Print Name of Treasurer Dr. Gerald Peterson, DPM

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 12 17 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 Association Podiatry Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		250015.81
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	309060.50									
(c) Total Receipts (from Line 19)	21727.21	461358.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	330787.71	711373.87								
7. Total Disbursements (from Line 31)	15479.35	396065.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	315308.36	315308.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Podiatric Medical Association Podiatry Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	9550.00	254193.12
(i) Itemized (use Schedule A)	10705.00	192829.50
(ii) Unitemized	20255.00	447022.62
(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)	20255.00	447022.62
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.)	1472.21	14335.44
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))	21727.21	461358.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21727.21	461358.06

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.....	979.35	13542.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	979.35	13542.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	373250.00
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	1311.00
(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	1311.00
29. Other Disbursements.....	0.00	7961.71
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15479.35	396065.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15479.35	396065.51

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)	20255.00	447022.62
34. Total Contribution Refunds (from Line 28(d))	0.00	1311.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20255.00	445711.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	979.35	13542.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	979.35	13542.80

**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 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. David P. Rosenzweig		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 5 Blanchard Rd.		Transaction ID: 14716360	
City State Zip Code Greenwich CT 06831-3676		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Self Employed 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. Kevin Lee Killian		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 627 Bellows Ln.		Transaction ID: 14718521	
City State Zip Code Charlotte NC 28270-1059		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Peter A. Blume		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 22 Timber Ln.		Transaction ID: 14718525	
City State Zip Code Woodbridge CT 06525-1835		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 7 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Jonathan J. Key		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 1892 Shephard Ave.		Transaction ID: 14718526	
City State Zip Code Hamden CT 06518-1856	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert N. Piccora		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 120 Lawn Ter. #1F		Transaction ID: 14718534	
City State Zip Code Mamaroneck NY 10543-4043	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Robert A. Eterno		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 5 / 2 0 0 7	
Mailing Address 4154 Madison Ave.		Transaction ID: 14718536	
City State Zip Code Trumbull CT 06611-3563	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) ▶	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 8 / 23
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. John H. Buchan, III		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 3609 Scioto Run Blvd.		Transaction ID: 14730292
City Hilliard State OH Zip Code 43026-3019	Amount of Each Receipt this Period 400.00	
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Clifford D. Mah		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 1133 N.W. 11th #211		Transaction ID: 14730657
City Portland State OR Zip Code 97209-3012	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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Brian Orahood		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 7
Mailing Address 250 N.W. River Park Pl.		Transaction ID: 14730659
City Canby State OR Zip Code 97013-8146	Amount of Each Receipt this Period 300.00	
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	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Eric Silverstein		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address 35 Westwood Rd.		Transaction ID: 14730771
City State Zip Code West Hartford CT 06117-2253	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. James David Nack		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address Mankato Clinic, Ltd. 1421 Premier Dr.		Transaction ID: 14730776
City State Zip Code Mankato MN 56001-6076	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas C. Atwood		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
Mailing Address Western Foot & Ankle Care 2122 9th St. #3		Transaction ID: 14730777
City State Zip Code Greeley CO 80631-3089	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
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 10 / 23
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Dr. Raymond A. Rivell, Jr.

Mailing Address 7 Glenwood Pl.

City State Zip Code
Pennsville NJ 08070-0247

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

Name of Employer Self-Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2007

Transaction ID: 14730780

Amount of Each Receipt this Period
250.00

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

Mailing Address Westside Podiatry Clinic
9900 S.W. Hall Blvd. #100

City State Zip Code
Tigard OR 97223

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

Name of Employer Self Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: 14740789

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert E. Marra

Mailing Address 90 Crystal Springs Drive

City State Zip Code
Tolland CT 06084-2029

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

Name of Employer Self Employed Occupation
Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: 14740791

Amount of Each Receipt this Period
500.00

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 11 / 23
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. John Stevenson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 7970 N. Main St.		Transaction ID: 14741025	
City State Zip Code Dayton OH 45415-2328	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Kash K. Siepert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 2300 Stewart Pkwy.		Transaction ID: 14741735	
City State Zip Code Roseburg OR 97470-1597	Amount of Each Receipt this Period 125.00		
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Dr. John E. Castle		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 2893 Elk Ln.		Transaction ID: 14745594	
City State Zip Code Grants Pass OR 97527-7126	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	725.00
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 12 / 23
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Daniel F. Byrd		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 615 N.W. 4th St.		Transaction ID: 14745596
City State Zip Code Pendleton OR 97801-1414	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Stephen M. Fuson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 7800 Pacific Ave. #1		Transaction ID: 14745620
City State Zip Code Tacoma WA 98408-7027	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Albert R. Brown		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 5714 Guava Dr.		Transaction ID: 14745621
City State Zip Code Tamarac FL 33319-3018	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 13 / 23
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Dr. Gina Lynn Ruesch

Mailing Address 1203 Bay Cove

City State Zip Code
White Bear Lake MN 55110-6757

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 14745622

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kent R. DiNucci

Mailing Address 7737 N. 151st Cir.

City State Zip Code
Bennington NE 68007-1569

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
11 / 20 / 2007

Transaction ID: 14745623

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen H. Silvani

Mailing Address 3559 Old Mountain View Dr.

City State Zip Code
Lafayette CA 94549-4918

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 14757454

Amount of Each Receipt this Period
300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. John E. Connolly		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 7	
Mailing Address P.O. Box 255		Transaction ID: 14757459	
City Etna	State NH	Amount of Each Receipt this Period 250.00	
Zip Code 03750-0255		FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Geoffrey C. Bricker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7	
Mailing Address 2122 E. Lon St.		Transaction ID: 14757467	
City Springfield	State MO	Amount of Each Receipt this Period 250.00	
Zip Code 65803-4809		FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation Podiatric Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Martin V. Sloan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 3 / 2 0 0 7	
Mailing Address 2409 Whispering Oaks Ct.		Transaction ID: 14757468	
City Abilene	State TX	Amount of Each Receipt this Period 300.00	
Zip Code 79606-4366		FEC ID number of contributing federal political committee. C	
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
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 15 / 23
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Dr. Daniel L. Bangart

Mailing Address 7060 W. Surrey Ave.

City Peoria State AZ Zip Code 85381-5014

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 7

Transaction ID: 14757469

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Forte-Malave

Mailing Address Carr. #115 Km. 15.8

City Rincon State PR Zip Code 00677

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

Name of Employer Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: 14757470

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory A. Worley

Mailing Address 694 Chambers Rd.

City Walton State KY Zip Code 41094-9380

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

Name of Employer Self Employed Occupation Podiatric Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 14757733

Amount of Each Receipt this Period
300.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 23
	(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert G. Levine

Mailing Address 8907 Ayrshire Ave.

City State Zip Code
Louisville KY 40222-5602

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

Name of Employer Occupation
Self Employed Podiatric Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 14757738

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. David W. O'Brian

Mailing Address 10 N. Roselle Rd. #300

City State Zip Code
Roselle IL 60172-1579

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
1 1 / 2 8 / 2 0 0 7

Transaction ID: 14757740

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Gary D. Prant

Mailing Address 6602 Ladera Norte

City State Zip Code
Austin TX 78731-2692

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) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: 14757741

Amount of Each Receipt this Period
200.00

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: (check only one)	PAGE 17 / 23
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial) Dr. Neil A. Burrell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address 935 Edson Dr.		Transaction ID: 14757744	
City Beaumont	State TX	Zip Code 77706-4508	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	

B. Full Name (Last, First, Middle Initial) Dr. Patricia L. Ferraro		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address Advanced Family Foot Care 2074 Lake Tahoe Blvd. #8		Transaction ID: 14757749	
City South Lake Tahoe	State CA	Zip Code 96150-6417	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	

C. Full Name (Last, First, Middle Initial) Mr. Herman Hammerschmidt		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 7	
Mailing Address 6 Brandon Road		Transaction ID: 14824348	
City Lawrenceville	State NJ	Zip Code 08648-1502	Amount of Each Receipt this Period -125.00
FEC ID number of contributing federal political committee. C			
Name of Employer New Jersey Podiatric Medical Society Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Aggregate Year-to-Date ▼ 125.00	

Reverse \$125 NSF Check - Contribution Reported

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	9550.00

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 18 / 23
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. APMA Government Education Fund		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 9312 Old Georgetown Road		Transaction ID: 14745206
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 979.35	
FEC ID number of contributing federal political committee. C	Transfer Funds for Federal Operating Expenses	
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 11540.63	

Full Name (Last, First, Middle Initial) B. Citigroup/ Citigroup Global Markets Inc.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 100 Light St., 19th Floor		Transaction ID: 14745209
City State Zip Code Baltimore MD 21202-1036	Amount of Each Receipt this Period 234.17	
FEC ID number of contributing federal political committee. C	Interest & Dividends on Investments	
Name of Employer Occupation Citigroup Global Markets, Inc. Investment Firm	Aggregate Year-to-Date ▼ 2532.48	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Citigroup/ Citigroup Global Markets Inc.		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 100 Light St., 19th Floor		Transaction ID: 14820561
City State Zip Code Baltimore MD 21202-1036	Amount of Each Receipt this Period 258.69	
FEC ID number of contributing federal political committee. C	Interest & Dividends on Investments	
Name of Employer Occupation Citigroup Global Markets, Inc. Investment Firm	Aggregate Year-to-Date ▼ 2791.17	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1472.21
TOTAL This Period (last page this line number only) ▶	1472.21

**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 / 23

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association 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: 14745205

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

979.35

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

979.35

TOTAL This Period (last page this line number only)

979.35

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 / 23

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles A. Gonzalez Congressional Campaign

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charlie A. Gonzalez

Office Sought: House Senate President
State: TX District: 20
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary Electio

Transaction ID: 14731671

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Darlene Hooley For Congress

Mailing Address P.O. Box 2050

City Salem State OR Zip Code 97308

Purpose of Disbursement

011
Category/
Type

Candidate Name
Darlene Hooley

Office Sought: House Senate President
State: OR District: 5
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary Electio

Transaction ID: 14731673

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

011
Category/
Type

Candidate Name
Lois Capps

Office Sought: House Senate President
State: CA District: 22
Disbursement For: 2008
 Primary General
 Other (specify) ▼
2008 Primary Electio

Transaction ID: 14731668

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

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 21 / 23

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 921 Sw Washington Suite 810

City Portland State OR Zip Code 97205

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Earl Blumenauer

Office Sought: House
 Senate
 President

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

State: OR District: 3

Transaction ID: 14731669

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz For Congress

Mailing Address P.O. Box 45706

City Philadelphia State PA Zip Code 19149

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Allyson Schwartz

Office Sought: House
 Senate
 President

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

State: PA District: 13

Transaction ID: 14731672

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Barbara Lee For Congress

Mailing Address 1736 Franklin Street #500

City Oakland State CA Zip Code 94612

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Barbara Lee

Office Sought: House
 Senate
 President

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

State: CA District: 9

Transaction ID: 14731670

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) A. McConnell Senate Committee '08		Transaction ID: 14741782 Date of Disbursement 11 / 16 / 2007
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 2000.00
City Louisville State KY Zip Code 40201	011 Category/ Type	
Purpose of Disbursement Candidate Name Sen. Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

Full Name (Last, First, Middle Initial) B. Mark Pryor For Us Senate		Transaction ID: 14741764 Date of Disbursement 11 / 16 / 2007
Mailing Address PO Box 2720		Amount of Each Disbursement this Period 2500.00
City Little Rock State AR Zip Code 72203	011 Category/ Type	
Purpose of Disbursement Candidate Name Sen. Mark L. Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR 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. Geoff Davis For Congress		Transaction ID: 14741765 Date of Disbursement 11 / 16 / 2007
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1500.00
City Erlanger State KY Zip Code 41018	011 Category/ Type	
Purpose of Disbursement Candidate Name Rep. Geoffrey Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4 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) ▶	6000.00
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 23 / 23

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Judy Biggert For Congress

Mailing Address P.O. Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement

Category/
Type

Candidate Name
Rep. Judy Biggert

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

State: IL District: 13

Transaction ID: 14741784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Citizens For Gillmor

Mailing Address P.O. Box 150

City Old Fort State OH Zip Code 44861

Purpose of Disbursement
Void - Citizens For Gillmor

Category/
Type

Candidate Name
Rep. Paul Gillmor

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

State: OH District: 5

Transaction ID: 14824268

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Void - Citizens For Gillmor

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)