07/19/2007 17:14

Image# 27990320855

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		1 01 01		iuii Aii Au		u 00111111			Office Us	e Only	
1.	NAME OF COMMITTEE (in full)			ING LABEL PRINT 🗑		ample:If typ er the lines	ing, type				
l ,	American Podiatric Medical	Assn., Inc	c. Podia	try Political A	ction Con	nmittee		1 1 1 1		1 1 1	
Ш											
AD	DRESS (number and street)	9312	2 Old Ge	orgetown Roa	ad 						
Γ	Check if different than previously	, Beth	esda					ı MD ı	. 20)814 _{1 1} 1	698
	reported. (ACĆ)	Detin						IVID			<u> </u>
2.	FEC IDENTIFICATION NU	MBER	₩	CI	ITY 🛕			STATE	t :	ZIPCODE	A
	C00008839				IS THIS REPORT	X	NEW (N) O	R	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b)	Monthly Report	L Fe	eb 20 (M2)	May 20 (M	15)	Aug 20 (M8)	No (N Ye	ov 20 (M11) on-Election ear Only)
	(a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2)		Due On		ar 20 (M3)	Jun 20 (M	6)	Sep 20 (M9)	(N	ec 20 (M12) on-Election ear Only)
				Ap	or 20 (M4	X	Jul 20 (M7	7)	Oct 20 (M10)	Ja	ın 31 (YE)
			(c) 12	-Day		Primary (1	2P)	Gei	neral (12G)	Ru	unoff (12R)
				E -Election	H	O	- (100)		i-l (100)		
	October 15 Quarterly Report(Q3)	He	port for the:		Conventio	n (120)	Spe	ecial (12G)		
	January 31 Quarterly Report(<i>'</i>		Elect	tion on					in the State of	
	July 31 Mid-Year Report(Non-electi Year Only) (MY)		(d) 30-Day Post -Election Report for the:			General (3	30G)	Rui	noff (30R)	Sp	pecial (30S)
	Termination Report (TER)			Elect	tion on					in the State of	
5.	Covering Period 0	6	0 1	2007		through	h 0.6	3 0	2007		
l ce	ertify that I have examined this	Report ar	nd to the	best of my ki	nowledge	and belief it	t is true, corr	ect and com	plete.		
Тур	oe or Print Name of Treasure	Dr.	Gerald F	Peterson, DP	M						
Sig	nature of Treasurer Ele <u>ctr</u>	ronically Fi	led by	Dr. Gerald P	eterson,	DPM		Date	07 19	20	007
NO	TE : Submission of false, err	oneous, or	r incomp	lete informati	on may s	ubject the pe	erson signing	this Report	to the penalties	of 2 U.S.C	437g.
	Office Use									FORM (3X

Image# 27990320856

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:	01 2007	To: 0 6 3 0 Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1		250015.81
(b) Cash on Hand at Begining of Reporting Period	315832.47	
(c) Total Receipts (from Line 19)	41998.54	315927.51
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	357831.01	565943.32
Total Disbursements (from Line 31)	41359.92	249472.23
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	316471.09	316471.09
Debts and Obligations owed TO		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
. Debts and Obligations owed BY		
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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

м м 0 6 ^D 3 0

^y 2 0 0 7

Write or Type Committee Name

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

	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 (i) Itemized (use Schedule A)	22750.00	191169.12
	(ii) Unitemized	17655.00	116212.50
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	40405.00	307381.62
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	40405.00	307381.62
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
6.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	1593.54	8545.89
8.	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))	41998.54	315927.51
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	41998.54	315927.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	1359.92	8988.52
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	1359.92	8988.52
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees	40000.00	233500.00
4	and Other Political Committees	40000.00	233300.00
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	ufunds of Contributions To: 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
9.	Other Disbursements	0.00	5933.71
0.	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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	41359.92	249472.23
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	41359.92	249472.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	40405.00	307381.62
 Total Contribution Refunds (from Line 28(d))	0.00	1050.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	40405.00	306331.62
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1359.92	8988.52
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	1359.92	8988.52

S

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	ame and add	lress of any political committee to	FOR LINE NUMBER: PAGE 6 / 40 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17 In for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) APMA Government Education Fund Mailing Address 9312 Old Georgetown Re	oad		Date of Receipt 0 6 0 7 2 0 0 7
	City	State	Zip Code	Transaction ID: 14237877
	Bethesda	MD	20814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1359.92
	Name of Employer	Occupation	1	1
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 6986.35	Transfer Funds for Federal Operating Expenses
В.	Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
	Mailing Address 100 Light St., 19th Floor			06 30 7 2007
	City	State	Zip Code	Transaction ID: 14342209
	Baltimore	MD	21202-1036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		233.62
	Name of Employer Citigroup Global Markets, Inc.	Occupation Investme	nt Firm]
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1555.90	Interest & Dividends on Investment

SUBTOTAL of Receipts This Page (optional)	•	1593.54
TOTAL This Period (last page this line number only)	•	1593.54

S	CHEDULE A (FEC Form 3X)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 7 / 40		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
•••	LIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
_				13 14 15 16 17		
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee			
A.	Full Name (Last, First, Middle Initial) Dr. Timothy D. Thomas			Date of Receipt		
	Mailing Address 2313 W. D St.			06 06 2007		
	City	State	Zip Code	Transaction ID: 14238663		
	<u>Jenks</u>	OK	74037-3473	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupation Podiatric	ո Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)		250.00			
	Full Name (Last, First, Middle Initial)					
В.	Dr. David Glen Wade			Date of Receipt		
	Mailing Address	06 06 2007				
	1804 Elmhurst Ave.	State	Zip Code			
	Nichols Hills	OK	73120-4718	Transaction ID: 14238664		
		<u> </u>	73120-4718	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer	Occupation	n Physician			
	Receipt For:		Year-to-Date V	_		
	Primary General	7 1991 09410		1		
	Other (specify) ▼		500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Randy K. Kaplan			Date of Receipt		
٠.	Mailing Address			M M / D D / Y Y Y Y		
	6578 Post Oak Dr.			06 06 2007		
	City	State	Zip Code	Transaction ID: 14238671		
	West Bloomfield	MI	48322-3830	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer	Occupation Podiatric	n Physician	7		
	Receipt For:		Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼		500.00]		
	IIRTOTAL of Receipts This Page (antique!)			750.00		
\vdash	UBTOTAL of Receipts This Page (optional)					
_	OTAL This Period (last page this line number o	nlv)	1			

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 40
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name a	nts may not be sold or used by any perso and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
American Podiatric Medical Assn., Inc. Podi	atry Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Matthew A. Parmenter		Date of Receipt
Mailing Address 1345 Mercedes Dr.	Tin Ondo	0 6 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St Bloomington IN	ate Zip Code J 47401-8817	Transaction ID: 14238767 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
' '	supation diatric Physician	
	gregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Dr. Maria del Pilar Elisa Almy		Date of Receipt
Mailing Address Virginia Mason Medical Cent 1100 9th Ave., P.O. Box 900	06 7 7 2007	
•	rate Zip Code	Transaction ID: 14238772
	/A 98111-0900	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		150.00
Virginia Macon Modical Co	cupation	
nter	diatric Physician gregate Year-to-Date ▼	_
Primary General	gregate rear-to-bate 🔻	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey D. Korn		Date of Receipt
Mailing Address5341 Outlook Point		06 11 7 2007
•	ate Zip Code	Transaction ID: 14239457
San Diego C	A 92124-1819	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
' '	cupation diatric Physician	
	gregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number only)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 40
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Podiatric Medical Assn., Inc.			
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce M. Jacob			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	4319 Foxpointe Dr.			06 11 2007
	City	State	Zip Code	Transaction ID: 14239462
	West Bloomfield	MI	48323-2615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		7
	Pagaint For:		Physician e Year-to-Date ▼	
	Receipt For: Primary General	Aggregate	rear-lo-Dale V	1
	Other (specify)		500.00	
				4
В.	Full Name (Last, First, Middle Initial) Dr. Gerald Stein			Date of Receipt
	Mailing Address	M M / D D / Y Y Y Y		
	2495 Comfort Ct.	State	Zip Code	06 11 2007
	West Bloomfield	MI	48323-3703	Transaction ID: 14239476
		IVII	40323-3703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation		
	- · · · -		Physician	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	500.00	
	Gale (Gpss.ij) V	1 1		
_	Full Name (Last, First, Middle Initial)			Deta of Descipt
C.	Dr. Alan Block Mailing Address			Date of Receipt
	1930 Crown Park Ct. #1	20		06 15 2007
	City	State	Zip Code	Transaction ID: 14249570
	Columbus	OH	43235-2402	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.	<u> </u>		000.00
	Name of Employer	Occupation	n	
		Podiatric	Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	300.00	1
	Other (specify)		000.00	J
Г				1000.00
s	UBTOTAL of Receipts This Page (optional)			1300.00
Г				
T	OTAL This Period (last page this line number or	าly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 40
	EMIZED RECEIPTS		or each category of the	(check only one)
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Jane E. Graebner			Date of Receipt
	Mailing Address 4351 Fry Rd.	State	Zip Code	0 6 1 5 2 0 0 7 2 0 0 7
	Ostrander	OH	43061-9449	Transaction ID: 14249571 Amount of Each Receipt this Period
			43001-3443	Amount of Each Necept this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		500.00	
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Patrick J. Nunan			Date of Receipt
	Mailing Address			06 15 2007
	5840 Winged Foot Dr.	State	Zip Code	
	City West Chester	OH	45069-1961	Transaction ID: 14249574
		ОП	45069-1961	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	7
			Physician	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Damien M. Dauphinee			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	2604 Timberhaven Dr.			06 13 2007
	City	State	Zip Code	Transaction ID: 14249746
	Flower Mound	TX	75028-2238	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		e Year-to-Date ▼	
	Primary General		200.00	
	Other (specify) ▼	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			1300.00
\vdash			•	
T	OTAL This Period (last page this line number of	only)	>	

S	CHEDULE A (FEC Form 3X)	DULE A (FEC Form 3X) Use senarate schedule(s) FOR LINE NUMBER:		
	·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Michael McGowan			Date of Receipt
	Mailing Address 4009 S. Locust Dr. #7			06 20 2007
	City	State	Zip Code	Transaction ID: 14267912
	Sioux Falls	SD	57105-6924	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n Physician	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify)		250.00	
			0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr. Donald W. Hugar			Date of Receipt
	Mailing Address 1316 N. William St.			M M / D D / Y Y Y Y
				06 20 2007
	City	State	Zip Code	Transaction ID: 14268015
	River Forest	<u>IL</u>	60305-1135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	า	
			Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		400.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Ronald W. Hugar			Date of Receipt
	Mailing Address Hugar Foot & Ankle Spe 1614 N. Harlem Ave.	cialists		06 20 7 2007
	City	State	Zip Code	Transaction ID: 14268018
	Elmwood Park	IL	60707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Hugar Foot & Ankle Specia-	Occupation		\neg
	lists	1	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	
	Other (specify)		300.00	1
_				
				850.00
S	UBTOTAL of Receipts This Page (optional)		······································	000.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 40
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
•	information and formation Broad and Old			13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Eugene Nassif, Jr.			Date of Receipt
	Mailing Address 4095 Hickory Hill Ln. S.E	=		06 18 2007
	City	State	Zip Code	Transaction ID: 14269501
	Cedar Rapids	IA	52403-3738	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify)	0 0	230.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 3713 S. High St.			06 18 2007
	City	State	Zip Code	Transaction ID: 14269527
	Columbus	ОН	43207	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		1000.00
	Name of Employer	Occupation	2	_
	Name of Employer		Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Robert D. Rampino			Date of Receipt
Ο.	Mailing Address			M M / D D / Y Y Y Y
	10 Princeton Dr.			06 21 2007
	City	State	Zip Code	Transaction ID: 14270660
	Manalapan	NJ	07726-3216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
			Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify) ▼			1
				1500.00
Ls	UBTOTAL of Receipts This Page (optional)			- 100000
_	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 40	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso		-
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
${}$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	_	
۹.	Full Name (Last, First, Middle Initial) Dr. Richard A. Altwerger			Date of Receipt	
	Mailing Address Village Medical Arts Com 77 Miller Rd. #202		7'- Oada	06 21 2007	
	Castleton On Hudso	State NY	Zip Code	Transaction ID: 14270662	
			12033	Amount of Each Receipt this Period	7
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Village Medical Arts Comp- lex	Occupation Podiatric	n Physician		
	Receipt For:		Year-to-Date ▼	7	
	Primary General Other (specify) ▼		250.00		
		0 0			
3.	Full Name (Last, First, Middle Initial) Dr. Paul R. Scherer			Date of Receipt	
	Mailing Address 1955 Webster St.			0 6 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14280098	
	San Francisco	CA	94115-2815	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation		7	
			Physician	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
 C.	Full Name (Last, First, Middle Initial) Dr. David Christian Abdoo			Date of Receipt	
	Mailing Address			M M / D D / Y Y Y Y	
	110 Harden Pkwy. #101			06 27 2007	
	City	State	Zip Code	Transaction ID: 14280102	
	Salinas	CA	93906-5257	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С		300.00	
	Name of Employer	Occupation		7	
			Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
	☐ Other (specify) ♥	0 0	0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)			800.00]
	· ÷ · · · /		•		7
T	OTAL This Period (last page this line number on	ly)	>		4

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14/40
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Felix Sigal			Date of Receipt
Mailing Address 19717 Falcon Crest Wa	•	7:n Code	0 6 2 7 2 0 0 7
City <u>Northridge</u>	State CA	Zip Code 91326-4020	Transaction ID: 14280103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.000	250.00
Name of Employer	Occupation	n Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Dr. Thomas Neuman			Date of Receipt
Mailing Address11861 Killimore Ave.			06 / 27 / 4 2007
City	State	Zip Code	Transaction ID: 14280104
Northridge	CA	91326-1937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Stuart C. Steinberg			Date of Receipt
Mailing Address 11273 Dona Lisa Dr.			06 27 7 2007
City	State	Zip Code	Transaction ID: 14280106
Studio City	CA	91604-4314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer		Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/40
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and Statem	nents may	not he sold or used by any nerso	
or	for commercial purposes, other than using the nam	e and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc. Po	odiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Donald Paul Feigelson			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	19641 Bermuda St. City	State	Zip Code	
	Chatsworth	CA	91311-1907	Transaction ID: 14280107 Amount of Each Receipt this Period
		O/L	31311 1307	Amount of Lacif Necept this Period
	FEC ID number of contributing federal political committee.	C		300.00
		Occupation		
			Physician Year-to-Date ▼	_
	Primary General	-ggregate	Teal-to-Date ▼	
	Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			D. (D.)
3.	Dr. Richard H. Rolfes			Date of Receipt
	Mailing Address 441 Alta Vista Dr.			06 27 2007
City State		State	Zip Code	Transaction ID: 14280132
	South San Francisc	CA	94080-5644	Amount of Each Receipt this Period
	FEC ID number of contributing	<u></u>		250.00
	federal political committee.	C		230.00
	Name of Employer C	Occupation	1	7
	P	odiatric	Physician	
		Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	
).].	Full Name (Last, First, Middle Initial) Dr. Arnold L. Serkin			Date of Receipt
•	Mailing Address			M M / D D / Y Y Y Y
	3400 W. Lomita Blvd. #403	3		06 27 2007
	City	State	Zip Code	Transaction ID: 14280133
	Torrance	CA	90505-4901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer C	Occupation	1	7
	P	Podiatric	Physician	
		Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0		
s	UBTOTAL of Receipts This Page (optional)			1050.00
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Т	OTAL This Period (last page this line number only)		.	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 40
TEMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
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Any information copied from such Reports and St or for commercial purposes, other than using the	name and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
/			
Full Name (Last, First, Middle Initial)			Data of Bassist
A. Dr. Brian L. Inlow Mailing Address			Date of Receipt
27561 Prestancia Cir.			06 27 2007
City	State	Zip Code	Transaction ID: 14280134
Salinas	CA	93908-1609	Amount of Each Receipt this Period
FEC ID number of contributing			300.00
federal political committee.	C		300.00
Name of Employer	Occupation	n	_
	1	Physician	
Receipt For:		e Year-to-Date ▼	
Primary General		300.00	1
Other (specify)		300.00	
Full Name (Leat First Middle Initial)			
Full Name (Last, First, Middle Initial) 3. Dr. Karen L. Wrubel			Date of Receipt
Mailing Address 67 Albert Ct.			M M / D D / Y Y Y Y
			06 27 2007
City	State	Zip Code	Transaction ID: 14280135
Rancho Palos Verde	CA	90275-5383	Amount of Each Receipt this Period
FEC ID number of contributing	C		300.00
federal political committee.			
Name of Employer	Occupation	n	
	_	Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		300.00	
Care (openity) V	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)	1		1
Dr. Kenneth Wells			Date of Receipt
Mailing Address P.O. Box 2111			06 27 2007
City	State	Zip Code	Transaction ID: 14280137
Spring Valley	CA	91979-2111	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	С		250.00
Name of Employer	Occupation	n	_
t t		Physician	
Receipt For:		e Year-to-Date ▼	7
Primary General		050.00	1
Other (specify) ▼		250.00	
OUDTOTAL (D Til D			850.00
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number of	anly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 40
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δ.	by information copied from auch Deports and Statem	onto mov	r not be cold or used by any perce	13 14 15 16 17
or	ny information copied from such Reports and Statem for commercial purposes, other than using the name	ents may	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc. Pod	diatry P	olitical Action Committee	
\angle				
Α.	Full Name (Last, First, Middle Initial) Dr. Dean Takema Nakadate			Date of Receipt
Α.	Mailing Address			M M / D D / Y Y Y Y
	4356 Calle Mejillones			06 27 2007
	· ·	State	Zip Code	Transaction ID: 14280140
	San Diego	CA	92130-4818	Amount of Each Receipt this Period
	FEC ID number of contributing	_		250.00
	federal political committee.			230.00
	Name of Employer Oc	ccupation	1	
	Po	odiatric	Physician	
		ggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		200.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			06 27 Y Y Y Y Y Y
	1939 Irving Cir.	State	Zip Code	Transaction ID: 14280150
	•	CA	93274-1368	Amount of Each Receipt this Period
	FEO.ID		30274 1000	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	a a un ati a u		
	• •	ccupatior odiatric	Physician	
			Year-to-Date ▼	-
	Primary General	33 13		1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Dr. William D. McDonald			Date of Receipt
C.	Mailing Address			M M / D D / Y Y Y Y
	3031 W. March Ln. #310E			06 27 2007
	City	State	Zip Code	Transaction ID: 14280151
	Stockton	CA	95219-6561	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	<i>3</i>		
	• •	ccupation		7
			Physician	
		ggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		1
Г				
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number only)			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or	y information copied from such Reports and Stat- for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ements may ime and add	ress of any political committee to	solicit contributions from such committee.
\rangle	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Daniel C. Fulmer			Date of Receipt
Mailing Address P.O. Box 8067				06 27 2007
	City	State	Zip Code	Transaction ID: 14280155
	Fayetteville	AR	72703-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
	Full Name (Last, First, Middle Initial) Dr. Marc A. Benard			Date of Receipt
•	Mailing Address			M M / D D / Y Y Y Y
	3812 Sepulveda Blvd. #5			06 27 2007
	City State		Zip Code	Transaction ID: 14280157
	<u>Torrance</u>	CA	90505-2491	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer	Occupation		
	Receipt For:		Physician Year-to-Date ▼	_
	Primary General Other (specify) ▼	riggregate	250.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Lyman H. Wilson			Date of Receipt
Mailing Address 2220 E. Fruit St. #214				06 27 7 2007
	City	State	Zip Code	Transaction ID: 14280158
	Santa Ana	CA	92701-4459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
s	UBTOTAL of Receipts This Page (optional)			500.00
	. 3 (1 -7			

ITE	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. David Brian Day Mailing Address 2818 Pacific View Trl. City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Receipt For:		Zip Code 90068-2046 n Physician e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼	0 0	250.00	
3	Full Name (Last, First, Middle Initial) Dr. Steven L. Ginex Mailing Address 77685 Justin Ct. City Palm Desert FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Zip Code 92211-6238 n Physician 9 Year-to-Date ▼ 250.00	Date of Receipt M M Z 7 Z 0 0 7 Transaction ID: 14280163 Amount of Each Receipt this Period 250.00
C	Full Name (Last, First, Middle Initial) Dr. Loreen M. Flaherty Mailing Address 2303 W. Sunset Dr. City Visalia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Zip Code 93291-4501 n Physician 9 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
su	JBTOTAL of Receipts This Page (optional)			1000.00
тс	OTAL This Period (last page this line number on	ılv)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Bruce A. Olson			Date of Receipt
Mailing Address 6000 Bridgeview Dr.				06 27 2007
	City	State	Zip Code	Transaction ID: 14280170
	Ventura	CA	93003-1126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
2	Full Name (Last, First, Middle Initial) Dr. Stephen E. Schwartz			Date of Receipt
٠.	Mailing Address			M M / D D / Y Y Y Y
	100 S. Doheny #218			06 27 2007
	City	State	Zip Code	Transaction ID: 14280171
	Los Angeles	CA	90048-2986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation		
	Receipt For:		Physician Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	1000.00	
).	Full Name (Last, First, Middle Initial) Dr. Ted Mihok			Date of Receipt
	Mailing Address 2059 Clinton Ave.			0 6 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14281718
	Alameda	CA	94501-4379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 40
	EMIZED RECEIPTS		or each category of the	(check only one)
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۸r	ny information copied from such Reports and Statem	nonte may	y not be cold or used by any perso	
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc. Po	diatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Kam Y. Wong			Date of Receipt
	Mailing Address 1535 Francisco St.			06 / 27 / Y Y Y Y Y Y
		State	Zip Code	Transaction ID: 14281719
	Berkeley	CA	94703-1264	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		occupation	n Physician	
			Year-to-Date ▼	-
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Anthony Poggio			Date of Receipt
•	Mailing Address			M M / D D / Y Y Y Y
	2059 Clinton Ave.			06 27 2007
	•	State	Zip Code	Transaction ID: 14281720
	Alameda	CA	94501-4379	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	' '	ccupation		7
			Physician -	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	250.00	
).	Full Name (Last, First, Middle Initial) Dr. Ira R. Cohen			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	20055 Pasco Luis	01-1-	Zin Oada	06 27 2007
		State CA	Zip Code 92886-5702	Transaction ID: 14281721 Amount of Each Receipt this Period
	EEO ID acceptance (acceptable than the		32000 3702	
	FEC ID number of contributing federal political committee.	С		250.00
		ccupation		
			Physician	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
_	OTAL This Period (last nage this line number only)			
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Joseph M. Hughes Mailing Address			Date of Receipt
	2311 Ocean View Dr. City	State	Zip Code	0 6 2 7 2 0 0 7 Transaction ID: 14281728
	Signal Hill	CA	90755-3778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer		Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Kenneth J. Passeri Mailing Address 101 S. San Mateo Dr. #2 City San Mateo FEC ID number of contributing federal political committee.	12 State CA	Zip Code 94401-3843	Date of Receipt M M Z 7 Z 0 0 7 Transaction ID: 14281729 Amount of Each Receipt this Period 250.00
	Name of Employer Receipt For:		n Physician Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Michael L. Boyd			Date of Receipt
Mailing Address 3934 W. Grove Ct.				06 27 2007
	City	State	Zip Code	Transaction ID: 14281732
	Visalia	CA	93291-4163	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation Podiatric	n Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional))	950.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 40
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		ame and add	iress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
A.	Full Name (Last, First, Middle Initial) Dr. Jon H. Williams			Date of Receipt
	Mailing Address 2274 San Ysidro St.			06 27 2007
	City	State	Zip Code	Transaction ID: 14281747
	Camarillo	CA	93010-2350	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation		
	Paradat Fam		Physician -	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	250.00	
	Curior (openity)	0 0		1
В.	Full Name (Last, First, Middle Initial) Dr. Gary R. Dorfman			Date of Receipt
ъ.	Mailing Address			M M / D D / Y Y Y Y
	15837 Moorepark St.			06 27 2007
	City	State	Zip Code	Transaction ID: 14281748
	Encino	CA	91436-1541	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	
		Podiatric	Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	230.00	J
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Rodney J. Chan			Date of Receipt
J .	Mailing Address San Francisco Podiatry (Group		M M / D D / Y Y Y Y
	3801 Sacramento St. #6	21		06 27 2007
	City	State	Zip Code	Transaction ID: 14281749
	San Francisco	CA	94118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer San Francisco Podiatry Gr-	Occupation		
	oup Receipt For:		Physician Year-to-Date ▼	_
	Primary General	Ayyreyale	Todi-to-Date ▼	1
	Other (specify)		250.00	
				4
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s	UBTOTAL of Receipts This Page (optional)		_	750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 40							
	EMIZED RECEIPTS		(check only one)								
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)										
\rangle	American Podiatric Medical Assn., Inc. Po	odiatry P	olitical Action Committee								
Α.	Full Name (Last, First, Middle Initial) Dr. William Tarran			Date of Receipt							
	Mailing Address 1216 Seville Dr.			06 27 2007							
	City	State	Zip Code	Transaction ID: 14281750							
	Pacifica	CA	94044-3554	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		250.00							
		Occupation Podiatric	Physician	7							
			Year-to-Date ▼								
	Primary General			1							
	Other (specify) ▼	0 0	250.00]							
В.	Full Name (Last, First, Middle Initial) Dr. Dan B. Tarango			Date of Receipt							
	Mailing Address			M M / D D / Y Y Y Y							
	2323 Palomira Ct.			06 27 2007							
	City	State	Zip Code	Transaction ID: 14281751							
	Chula Vista	CA	91915-1253	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		300.00							
	Name of Employer	Occupation		7							
	F	Podiatric	Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	1 1	000.00	1							
	Other (specify)		300.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Roger A. Johnson			Date of Receipt							
	Mailing Address 31594 Rd. 168			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	Zip Code	Transaction ID: 14281753							
	Visalia	CA	93292-9592	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
		Occupation Podiatric	Physician	7							
			Year-to-Date ▼	7							
	Primary General	1 1		1							
	Other (specify)		500.00]							
	LIDTOTAL of Descirts This David (autisms)			1050.00							
L	UBTOTAL of Receipts This Page (optional)			-							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 40					
TEMIZED RECEIPTS		or each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17					
Any information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee						
Full Name (Last, First, Middle Initial) A. Dr. Edwin Oghoorian			Date of Receipt					
Mailing Address			M M / D D / Y Y Y Y					
1185 Base Line Rd.	04-1-	7in Oada	06 27 2007					
City La Verne	State CA	Zip Code 91750-2412	Transaction ID: 14281754					
		31730-2412	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer	Occupation	n Physician						
Receipt For:		Year-to-Date ▼	+					
Primary General	33 -32		1					
Other (specify) ▼	0 0	500.00						
Full Name (Last, First, Middle Initial) 3. Dr. Deric Lords			Date of Receipt					
Mailing Address 765 N. Forbes Dr.			0 6 2 7 2 0 0 7					
City	State	Zip Code	Transaction ID: 14281755					
Brea	CA	92821-7305	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		300.00					
Name of Employer	Occupation		7					
		Physician						
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	, [
Other (specify)		300.00						
Full Name (Last, First, Middle Initial) Dr. Faridi G. Sherieff			Date of Receipt					
Mailing Address			M M / D D / Y Y Y					
325 W. Burton Mesa Bl			06 27 2007					
City	State	Zip Code	Transaction ID: 14281756					
Lompoc	CA	93436-0413	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		300.00					
Name of Employer	Occupation		7					
Danaint Fam.		Physician	4					
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,					
Other (specify)		300.00						
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SUBTOTAL of Receipts This Page (optional)	······		1100.00					
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 40
TEMIZED RECEIPTS		or each category of the	(check only one)
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A			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Gabriel J. Halperin			Date of Receipt
Mailing Address P.O. Box 629			0 6 2 7 Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14281757
Los Angeles	CA	91754	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer	Occupation	n Physician	
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼	r iggi ogali	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Stephen C. White			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
3801 Sacramento St. #6			06 27 2007
City	State	Zip Code	Transaction ID: 14281758
San Francisco	CA	94118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer	Occupation		
 1		Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		300.00	
Full Name (Last, First, Middle Initial) Dr. Thomas Joseph Chang			Date of Receipt
Mailing Address 3457 Selene Ct.			06 27 2007
City	State	Zip Code	Transaction ID: 14281759
Santa Rosa	CA	95404-1644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer	Occupation		1
Receipt For:		Physician e Year-to-Date ▼	-
Primary General	Aggregate	r rear-to-date V	1
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional)		·····	950.00
TOTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 40					
	EMIZED RECEIPTS		or each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions					
$\overline{}$	NAME OF COMMITTEE (In Full)								
\rangle	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee						
۹.	Full Name (Last, First, Middle Initial) Dr. David Y. S. Yee			Date of Receipt					
	Mailing Address 98-1425 Kaahumanu St.			06 27 7 2007					
	City	State	Zip Code	Transaction ID: 14281767					
	Aiea	HI	96701-2027	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer	Occupation Podiatric	n Physician						
	Receipt For:		Year-to-Date ▼						
	Primary General Other (specify) ▼	0 0	350.00						
3.	Full Name (Last, First, Middle Initial) Dr. Richard Garrison Bowling			Date of Receipt					
Mailing Address 7116 Kelliwood Dr. City State				06 27 7 2007					
			Zip Code	Transaction ID: 14281768					
	Port Arthur	TX	77642-6471	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer	Occupation		7					
			Physician						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		300.00						
).	Full Name (Last, First, Middle Initial) Dr. Joseph W. Reynolds			Date of Receipt					
	Mailing Address			M M / D D / Y Y Y					
	1295 Richard Smith Ave.		Zip Code	06 27 2007					
	City Tulare	State CA	93274-8026	Transaction ID: 14281877 Amount of Each Receipt this Period					
	FEC ID number of contributing		00214 0020						
	federal political committee.	С		500.00					
	Name of Employer	Occupation							
	Descript Form		Physician	_					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify) ▼		500.00						
s	UBTOTAL of Receipts This Page (optional)			750.00					
_			<u> </u>						
T	OTAL This Period (last page this line number onl	ly)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 40 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. F	Podiatry P	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Lisa L. Chu Mailing Address 21901 Moneta Ave. #11 City Carson FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General		Physician Year-to-Date ▼	Date of Receipt M M M / 27 / 2007 Transaction ID: 14281878 Amount of Each Receipt this Period 250.00
3.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Peter Schaaff Wadhams Mailing Address 1710 Belmont Ln.		250.00	Date of Receipt
	City Redondo Beach FEC ID number of contributing federal political committee.	State CA	Zip Code 90278-4118	0 6 2 7 2 0 0 7 Transaction ID: 14281879 Amount of Each Receipt this Period 250.00
	Name of Employer Receipt For: Primary General Other (specify) ▼		Physician Year-to-Date ▼	
<u></u>	Full Name (Last, First, Middle Initial) Dr. Leslie G. Levy Mailing Address 23501 Cinema Dr. #209 City Valencia FEC ID number of contributing federal political committee.	State CA	Zip Code 91355-5430	Date of Receipt M M M / D D / Y Y Y Y Y O 6 27 2007 Transaction ID: 14281880 Amount of Each Receipt this Period 250.00
	Name of Employer Receipt For: Primary General Other (specify) ▼		Physician Year-to-Date ▼ 250.00	
S	UBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number onl	v)	>	

SCHEDULE A (FEC Form 3X)		Lisa saparata sabadula(s)	FOR LINE NUMBER: PAGE 29 / 40
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Randall J. Sarte			Date of Receipt
Mailing Address 6340 Almond Ave.			06 27 2007
City	State	Zip Code	Transaction ID: 14281881
Orangevale	CA	95662-3932	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupatio Podiatric	n : Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Michael A. Schwartzman			Date of Receipt
Mailing Address			0 6 2 8 2 0 0 7
3015 Rennes Ct.	State	Zip Code	Transaction ID: 14284003
Northbrook	IL	60062-5144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupatio	n : Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	1
Other (specify)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) Dr. Barry Saffran			Date of Receipt
Mailing Address 5949 Farview Woods D	r		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14284014
Fairfax Station	VA	22039-1426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupatio Podiatric	n : Physician	
Receipt For:	-	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
(optional)			-
TOTAL This Period (last page this line number o	nly))	22750.00

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5	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 30 / 40							
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)							
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			27	28a 28b 28c 29 30b							
An	y Information copied from such Reports and	Statements may not be sold or used by	any person	for the purpose of solicating contributions							
or	for commercial purposes, other than using th	e name and address of any political cor	mmittee to so	licit contributions from such committee							
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)										
)	American Podiatric Medical Assn., In	c. Podiatry Political Action Com	mittee								
/	,	, , , , , , , , , , , , , , , , , , , ,									
	Full Name (Last, First, Middle Initial)			Transaction ID: 14237765							
۹.	Wachovia Bank, N.A.	Date of Disbursement									
				M M / D D / Y Y Y Y							
	Mailing Address NC8502			$\begin{bmatrix} 0^{M} 6^{M} & / & 0^{D} 7 \end{bmatrix}$							
	PO Box 563966										
	City	State Zip Code		Amount of Each Disbursement this Period							
	Charlotte	NC 28262-3966		1050.00							
	Purpose of Disbursement		* *	1359.92							
	Bank Fees		001								
	Candidate Name	0	Category/								
		Туре									
	Office Sought: House Di	sbursement For:		Bank Fees							
	Senate	Primary General		Dank rees							
	President	Other (specify)									
	State: District:										

SUBTOTAL of Disbursements This Page (optional)	>	1359.92
TOTAL This Period (last page this line number only)	<u> </u>	1359.92

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)			E NUMBER: PAGE 31 / 40 nly one)					J
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	Ĺ	22 > 28a	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)	and address of any political co	Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	SUIICI	CONTINUE	ILIONS IIC	JIII SUCII	COITIII	iillee	
American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee							
Full Name (Last, First, Middle Initial)				Transac			675		
Rush Holt For Congress				Date of [Disburse / D	ement	Y Y	Y	Υ
Mailing Address PO Box 782				0 ^M 6 M	0	4	2	0 ŏ 7	
,	State Zip Code NJ 08534			Amount	of Each	Disburs	ement	this P	eriod
Purpose of Disbursement	Г			L			1	0.000	0
Candidate Name	l	011	Ш						
Rep. Rush D. Holt		Category/ Type							
	ment For: 2008								
Senate President X	Primary General Other (specify)								
State: NJ District: 12 2008 Pr	imary Electio								
Full Name (Last, First, Middle Initial) Hal Rogers For Congress			- 1	Transac			676		
				Date of [/ D	D /	Y Y	Y _	Υ
Mailing Address P.O. Box 1214 East Mt Vernon St				0 6	0	4	2	0 ŏ 7	
,	State Zip Code KY 42502			Amount	of Each	Disburse	ement	this P	eriod
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Candidate Name		Ш							
Rep. Harold Rogers									
Office Sought: X House Disburse Senate	ment For: 2008 Primary General								
	Other (specify)								
· · · · · · · · · · · · · · · · · · ·	imary Electio								
Full Name (Last, First, Middle Initial) Berkley For Congress				Transac Date of [677		
Mailing Address 3069 Conquista Court				0 ^M 6 M	[′] 0	^D /	ž Ž	0 ŏ 7	Y
	State Zip Code NV 89121			Amount	of Each	Disburse	ement	this Po	eriod
Purpose of Disbursement	50121						1	0.00	0
Candidate Name		011							
Rep. Shelley Berkley		Category/ Type							
Office Sought: X House Disburse									
Senate President X	Primary General Other (specify) ▼								
	imary Electio								
SUBTOTAL of Disbursements This Page (optional) .			<u>•</u>				30	0.00	0
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NAME OF COMMITTEE (In Full)	and address of any political co	orininglee to so	IICII CONTINDUI	10115 110111	Sucii comi	muee				
American Podiatric Medical Assn., Inc. Pod	diatry Political Action Com	ımittee								
Full Name (Last, First, Middle Initial)				ion ID: 14						
Jim Ramstad Volunteer Committee				isburseme		· · · · ·	γ .			
Mailing Address 1809 Plymouth Road Sou	th #310		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
,	itate Zip Code MN 55305		Amount o	f Each Dis	bursemen	t this Pe	eriod			
Purpose of Disbursement	Г					1000.00) <u> </u>			
Candidate Name		011 Category/								
Rep. Jim M. Ramstad		Type								
Office Sought: X House Disburser Senate	nent For: 2008 Primary General									
	Other (specify)									
	mary Electio									
Full Name (Last, First, Middle Initial) Dutch Ruppersberger For Congress				ion ID: 14						
			M M	/ D D		0 0 7	Y			
Mailing Address 22 West Padonia Road S	uite A307	0 6	0 4		007					
•	tate Zip Code MD 21093		Amount o	f Each Dis	bursemen	t this Pe	eriod			
Purpose of Disbursement		011			2	2500.00	0			
Candidate Name										
Rep. C.A. Dutch Ruppersberger										
Office Sought: X House Disburser	nent For: 2008 Primary General									
	Other (specify)									
	mary Electio									
Full Name (Last, First, Middle Initial) Ryan For Congress				ion ID: 14 isburseme						
Mailing Address P. O. Box 1919			0 6 M	0 4	/ Y Y	0 0 7	Y			
P. O. Box 1919				-						
•	state Zip Code VI 53547		Amount o	f Each Dis	bursemen	t this Pe	eriod			
Purpose of Disbursement						1000.00	0			
Candidate Name		011 Category/								
Rep. Paul Ryan		Type								
Office Sought: X House Disburser Senate	nent For: 2008 Primary General									
President X	Other (specify)									
State: WI District: 1 2008 Pri	mary Electio									
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TOTAL This Period (last page this line number only).		•								

	L B (i LCi oiii 3x)		e schedule(s)		FOR LIN (check c			:	L P.	AGE	33 / 4	U	
ITEMIZED	DISBURSEMENTS	for each cate Detailed Sur		F	21b 27	nny OI	· -	X 23 28b	24 28c	П	25 29	—	6 0b
	copied from such Reports and S												
	ommittee (In Full)	manne and address (or arry pontical C	OHIO	muee 10	SUICI	CONTINE	uuons if	om Such	COLLIU	ııııee		
\	Podiatric Medical Assn., Inc	c. Podiatry Politic	al Action Cor	nmi	ttee								
`	ast, First, Middle Initial)								: 142296	680			
Sanford D.	Bishop Jr. For Congress							Disburs		v • v	V .	V	
Mailing Addre	ess P. O. Box 909						0 6]) 4	2	0 ŏ 7		
City Columbus			Zip Code 31902				Amoun	t of Each	Disburs	emen	this P	eriod	
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	ord D. Bishop, Jr.				egory/ ype								
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	President	X Other (specify											
State: GA	District: 2 20	08 Primary Election	0										
•	ast, First, Middle Initial)								: 142296	678			
- iviccollum i	For Congress						Date of	Disburs	ement	y	Υ .	Υ	
Mailing Addre	ess P.O. Box 14131						0 6) 4	2	0 ŏ 7		
City St. Paul			ip Code 55114				Amoun	t of Each	Disburs	emen	this P	eriod	
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Candidate Na Rep. Betty			Category/ Type										
Office Sough	nt: X House Dis	bursement For:	2008 General										
	President	Primary X Other (specify											
State: MN	District: 4 20	08 Primary Election											
`	ast, First, Middle Initial) or Congress Committee							ction ID: Disburs	: 142296 ement	674			
							0 6 M	/ D) 4	Y Y	0 ŏ 7	Υ	
Mailing Addre	ess PO Box 440305						-			_			
City Somerville			'ip Code)2144				Amoun	t of Each	Disburs	emen	this P	eriod	-
Purpose of D	Pisbursement			_	-					. 1	0.000	0	
Candidate Na)11								
Rep. Micha				egory/ ype									
Office Sough	nt: X House Dis	bursement For:	2008										
	Senate President	Primary X Other (specify	General										
State: MA		08 Primary Election											
		•									200 5	•	_ 1
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Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27		22 X 28a	23 28b	24 28c		25 29	\mathbf{H}	26 30b
	y Information copied from such Reports and Statem										<u> </u>	
Ul.	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	COM	muee to	SUIICIT	. CONTRIBU	แบกร กัด	JIII SUCH	COITIF	пиее		
	American Podiatric Medical Assn., Inc. Po	odiatry Political Action Co	omm	ittee								
	Full Name (Last, First, Middle Initial)				-	Transac	tion ID:	142296	373			
٠.	Braley For Congress					Date of D			v • v		V	
	Mailing Address PO Box 390				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City Waterloo	State Zip Code IA 50704				Amount o	of Each	Disburse	emen	t this P	erioc	i i
	Purpose of Disbursement					<u></u>			_ 1	000.0	00	
	Candidate Name			011								
	Rep. Bruce Braley			tegory/ ype								
		ment For: 2008										
	Senate President X	Primary General Other (specify) ▼										
		rimary Electio										
2	Full Name (Last, First, Middle Initial)					Transact			319			
•	Capuano For Congress Committee					Date of D			ΥΥ	Y	Υ	
	Mailing Address PO Box 440305					0 6 M / D 5 / Y 2 0 0 7 Y						
	,	State Zip Code MA 02144				Amount o	of Each	Disburse	emen	t this P	erioc	ł
	Purpose of Disbursement					<u></u>			-1	000.0	00	
	Void - Capuano For Congress Committee Candidate Name	011 Category/										
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