

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2007 through 06 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 07 19 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

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 .....	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								
7. Total Disbursements (from Line 31) .....	41359.92	249472.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	316471.09	316471.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

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	22750.00	191169.12
(i) Itemized (use Schedule A) .....	17655.00	116212.50
(ii) Unitemized .....	40405.00	307381.62
(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) .....	40405.00	307381.62
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.) .....	1593.54	8545.89
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)) .....	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

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	233500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1050.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1050.00
29. Other Disbursements.....	0.00	5933.71
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41359.92	249472.23
32. 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

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) .....	40405.00	307381.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1050.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40405.00	306331.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1359.92	8988.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1359.92	8988.52

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 40</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17	

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

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

Mailing Address 9312 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6986.35

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	0	7

**Transaction ID:** 14237877

Amount of Each Receipt this Period  
1359.92

Transfer Funds for Federal Operating Expenses

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

Mailing Address 100 Light St., 19th Floor

City State Zip Code  
Baltimore MD 21202-1036

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1555.90

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

**Transaction ID:** 14342209

Amount of Each Receipt this Period  
233.62

Interest & Dividends on Investment

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1593.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1593.54</b>

**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 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Timothy D. Thomas		Date of Receipt MM / DD / YYYY 06 / 06 / 2007
Mailing Address 2313 W. D St.		<b>Transaction ID:</b> 14238663
City Jenks	State OK	Zip Code 74037-3473
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. David Glen Wade		Date of Receipt MM / DD / YYYY 06 / 06 / 2007
Mailing Address 1804 Elmhurst Ave.		<b>Transaction ID:</b> 14238664
City Nichols Hills	State OK	Zip Code 73120-4718
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Randy K. Kaplan		Date of Receipt MM / DD / YYYY 06 / 06 / 2007
Mailing Address 6578 Post Oak Dr.		<b>Transaction ID:</b> 14238671
City West Bloomfield	State MI	Zip Code 48322-3830
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Matthew A. Parmenter		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 1345 Mercedes Dr.		Transaction ID: 14238767	
City Bloomington	State IN	Amount of Each Receipt this Period 1000.00	
Zip Code 47401-8817			
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For:	Occupation Podiatric Physician		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Maria del Pilar Elisa Almy		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 7	
Mailing Address Virginia Mason Medical Center 1100 9th Ave., P.O. Box 900 #6X-OR		Transaction ID: 14238772	
City Seattle	State WA	Amount of Each Receipt this Period 150.00	
Zip Code 98111-0900			
FEC ID number of contributing federal political committee. C			
Name of Employer Virginia Mason Medical Ce- nter	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>C.</b> Dr. Jeffrey D. Korn		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7	
Mailing Address 5341 Outlook Point		Transaction ID: 14239457	
City San Diego	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 92124-1819			
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For:	Occupation Podiatric Physician		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bruce M. Jacob

Mailing Address  
4319 Foxpointe Dr.

City State Zip Code  
West Bloomfield MI 48323-2615

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

**Transaction ID:** 14239462

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gerald Stein

Mailing Address  
2495 Comfort Ct.

City State Zip Code  
West Bloomfield MI 48323-3703

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

**Transaction ID:** 14239476

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alan Block

Mailing Address  
1930 Crown Park Ct. #120

City State Zip Code  
Columbus OH 43235-2402

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  
MM / DD / YYYY  
06 / 15 / 2007

**Transaction ID:** 14249570

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jane E. Graebner

Mailing Address 4351 Fry Rd.

City State Zip Code  
Ostrander OH 43061-9449

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

**Transaction ID:** 14249571

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Patrick J. Nunan

Mailing Address  
5840 Winged Foot Dr.

City State Zip Code  
West Chester OH 45069-1961

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 15 / 2007

**Transaction ID:** 14249574

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Damien M. Dauphinee

Mailing Address  
2604 Timberhaven Dr.

City State Zip Code  
Flower Mound TX 75028-2238

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  
06 / 13 / 2007

**Transaction ID:** 14249746

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Michael McGowan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 4009 S. Locust Dr. #7		<b>Transaction ID:</b> 14267912
City State Zip Code Sioux Falls SD 57105-6924	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Donald W. Hugar		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address 1316 N. William St.		<b>Transaction ID:</b> 14268015
City State Zip Code River Forest IL 60305-1135	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Ronald W. Hugar		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address Hugar Foot & Ankle Specialists 1614 N. Harlem Ave.		<b>Transaction ID:</b> 14268018
City State Zip Code Elmwood Park IL 60707	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Hugar Foot & Ankle Special- lists Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> 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 12 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Eugene Nassif, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 4095 Hickory Hill Ln. S.E.		Transaction ID: 14269501	
City Cedar Rapids	State IA	Amount of Each Receipt this Period 250.00	
Zip Code 52403-3738			
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>B.</b> Dr. D. Charles Greiner		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 3713 S. High St.		Transaction ID: 14269527	
City Columbus	State OH	Amount of Each Receipt this Period 1000.00	
Zip Code 43207			
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Robert D. Rampino		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7	
Mailing Address 10 Princeton Dr.		Transaction ID: 14270660	
City Manalapan	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 07726-3216			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard A. Altwerger

Mailing Address Village Medical Arts Complex  
77 Miller Rd. #202

City State Zip Code  
Castleton On Hudso NY 12033

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

Name of Employer Occupation  
Village Medical Arts Complex 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  
0 6 / 2 1 / 2 0 0 7

**Transaction ID:** 14270662

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul R. Scherer

Mailing Address 1955 Webster St.

City State Zip Code  
San Francisco CA 94115-2815

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  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** 14280098

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David Christian Abdo

Mailing Address  
110 Harden Pkwy. #101

City State Zip Code  
Salinas CA 93906-5257

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) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

**Transaction ID:** 14280102

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> 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 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Felix Sigal		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 19717 Falcon Crest Way		Transaction ID: 14280103	
City Northridge	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 91326-4020			
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>B.</b> Dr. Thomas Neuman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 11861 Killimore Ave.		Transaction ID: 14280104	
City Northridge	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 91326-1937			
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>C.</b> Dr. Stuart C. Steinberg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 11273 Dona Lisa Dr.		Transaction ID: 14280106	
City Studio City	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 91604-4314			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Donald Paul Feigelson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 19641 Bermuda St.		Transaction ID: 14280107	
City Chatsworth	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 91311-1907			
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>B.</b> Dr. Richard H. Rolfes		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 441 Alta Vista Dr.		Transaction ID: 14280132	
City South San Francisc	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 94080-5644			
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>C.</b> Dr. Arnold L. Serkin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 3400 W. Lomita Blvd. #403		Transaction ID: 14280133	
City Torrance	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 90505-4901			
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Brian L. Inlow		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 27561 Prestancia Cir.		Transaction ID: 14280134	
City Salinas	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 93908-1609			
FEC ID number of contributing federal political committee. C			
Name of Employer 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>B.</b> Dr. Karen L. Wrubel		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 67 Albert Ct.		Transaction ID: 14280135	
City Rancho Palos Verde	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 90275-5383			
FEC ID number of contributing federal political committee. C			
Name of Employer 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>C.</b> Dr. Kenneth Wells		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address P.O. Box 2111		Transaction ID: 14280137	
City Spring Valley	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 91979-2111			
FEC ID number of contributing federal political committee. C			
Name of Employer Podiatric Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> 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 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dean Takema Nakadate

Mailing Address  
4356 Calle Mejillones

City State Zip Code  
San Diego CA 92130-4818

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  
06 / 27 / 2007

**Transaction ID:** 14280140

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kim David Flora

Mailing Address  
1939 Irving Cir.

City State Zip Code  
Tulare CA 93274-1368

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  
06 / 27 / 2007

**Transaction ID:** 14280150

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. William D. McDonald

Mailing Address  
3031 W. March Ln. #310E

City State Zip Code  
Stockton CA 95219-6561

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  
06 / 27 / 2007

**Transaction ID:** 14280151

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 18 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Daniel C. Fulmer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address P.O. Box 8067		<b>Transaction ID:</b> 14280155	
City Fayetteville	State AR	Amount of Each Receipt this Period 300.00	
Zip Code 72703-0001			
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	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Marc A. Benard		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 3812 Sepulveda Blvd. #530		<b>Transaction ID:</b> 14280157	
City Torrance	State CA	Amount of Each Receipt this Period 150.00	
Zip Code 90505-2491			
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	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Lyman H. Wilson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7	
Mailing Address 2220 E. Fruit St. #214		<b>Transaction ID:</b> 14280158	
City Santa Ana	State CA	Amount of Each Receipt this Period 50.00	
Zip Code 92701-4459			
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> 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 19 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. David Brian Day		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 2818 Pacific View Trl.		Transaction ID: 14280162
City Los Angeles	State CA	Zip Code 90068-2046
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Steven L. Ginex		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 77685 Justin Ct.		Transaction ID: 14280163
City Palm Desert	State CA	Zip Code 92211-6238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Loreen M. Flaherty		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 2303 W. Sunset Dr.		Transaction ID: 14280169
City Visalia	State CA	Zip Code 93291-4501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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:	PAGE 20 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Bruce A. Olson

Mailing Address  
6000 Bridgeview Dr.

City State Zip Code  
Ventura CA 93003-1126

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

**Transaction ID:** 14280170

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen E. Schwartz

Mailing Address  
100 S. Doheny #218

City State Zip Code  
Los Angeles CA 90048-2986

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

**Transaction ID:** 14280171

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ted Mihok

Mailing Address  
2059 Clinton Ave.

City State Zip Code  
Alameda CA 94501-4379

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

**Transaction ID:** 14281718

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> 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 21 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kam Y. Wong

Mailing Address  
1535 Francisco St.

City State Zip Code  
Berkeley CA 94703-1264

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  
06 / 27 / 2007

Transaction ID: 14281719

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Poggio

Mailing Address  
2059 Clinton Ave.

City State Zip Code  
Alameda CA 94501-4379

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

Transaction ID: 14281720

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ira R. Cohen

Mailing Address  
20055 Pasco Luis

City State Zip Code  
Yorba Linda CA 92886-5702

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  
06 / 27 / 2007

Transaction ID: 14281721

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> 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 22 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Joseph M. Hughes		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 2311 Ocean View Dr.		<b>Transaction ID:</b> 14281728
City Signal Hill	State CA	Zip Code 90755-3778
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Kenneth J. Passeri		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 101 S. San Mateo Dr. #212		<b>Transaction ID:</b> 14281729
City San Mateo	State CA	Zip Code 94401-3843
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Michael L. Boyd		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 3934 W. Grove Ct.		<b>Transaction ID:</b> 14281732
City Visalia	State CA	Zip Code 93291-4163
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</b>
<b>TOTAL</b> 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 23 / 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jon H. Williams

Mailing Address  
2274 San Ysidro St.

City State Zip Code  
Camarillo CA 93010-2350

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  
06 / 27 / 2007

**Transaction ID:** 14281747

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary R. Dorfman

Mailing Address  
15837 Moorepark St.

City State Zip Code  
Encino CA 91436-1541

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  
06 / 27 / 2007

**Transaction ID:** 14281748

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rodney J. Chan

Mailing Address San Francisco Podiatry Group  
3801 Sacramento St. #621

City State Zip Code  
San Francisco CA 94118

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

Name of Employer Occupation  
San Francisco Podiatry Group  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

**Transaction ID:** 14281749

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 24 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. William Tarran		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 1216 Seville Dr.		Transaction ID: 14281750	
City Pacifica	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 94044-3554			
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Podiatric Physician Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Dan B. Tarango		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 2323 Palomira Ct.		Transaction ID: 14281751	
City Chula Vista	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 91915-1253			
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Roger A. Johnson		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 31594 Rd. 168		Transaction ID: 14281753	
City Visalia	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 93292-9592			
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> 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 25 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Edwin Oghoorian		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 1185 Base Line Rd.		Transaction ID: 14281754	
City La Verne	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 91750-2412		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	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Deric Lords		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 765 N. Forbes Dr.		Transaction ID: 14281755	
City Brea	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 92821-7305		FEC ID number of contributing federal political committee. C	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Podiatric Physician Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Faridi G. Sherieff		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 325 W. Burton Mesa Blvd. #201		Transaction ID: 14281756	
City Lompoc	State CA	Amount of Each Receipt this Period 300.00	
Zip Code 93436-0413		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> 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 26 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Gabriel J. Halperin		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address P.O. Box 629		Transaction ID: 14281757
City Los Angeles	State Zip Code CA 91754	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Dr. Stephen C. White		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 3801 Sacramento St. #621		Transaction ID: 14281758
City San Francisco	State Zip Code CA 94118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Dr. Thomas Joseph Chang		Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Mailing Address 3457 Selene Ct.		Transaction ID: 14281759
City Santa Rosa	State Zip Code CA 95404-1644	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Podiatric Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> 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 27 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Y. S. Yee

Mailing Address 98-1425 Kaahumanu St. #D

City State Zip Code  
Aiea HI 96701-2027

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

**Transaction ID:** 14281767

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard Garrison Bowling

Mailing Address 7116 Kelliwood Dr.

City State Zip Code  
Port Arthur TX 77642-6471

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  
MM / DD / YYYY  
06 / 27 / 2007

**Transaction ID:** 14281768

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph W. Reynolds

Mailing Address 1295 Richard Smith Ave.

City State Zip Code  
Tulare CA 93274-8026

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

**Transaction ID:** 14281877

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 28 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lisa L. Chu

Mailing Address  
21901 Moneta Ave. #11

City State Zip Code  
Carson CA 90745-2853

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2007

**Transaction ID: 14281878**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Peter Schaaff Wadhams

Mailing Address 1710 Belmont Ln.

City State Zip Code  
Redondo Beach CA 90278-4118

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2007

**Transaction ID: 14281879**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Leslie G. Levy

Mailing Address  
23501 Cinema Dr. #209

City State Zip Code  
Valencia CA 91355-5430

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

Name of Employer Occupation  
Podiatric Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2007

**Transaction ID: 14281880**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 29 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Randall J. Sarte

Mailing Address  
6340 Almond Ave.

City State Zip Code  
Orangevale CA 95662-3932

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  
06 / 27 / 2007

**Transaction ID: 14281881**

Amount of Each Receipt this Period  
250.00

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

Mailing Address  
3015 Rennes Ct.

City State Zip Code  
Northbrook IL 60062-5144

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  
06 / 28 / 2007

**Transaction ID: 14284003**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Barry Saffran

Mailing Address  
5949 Farview Woods Dr.

City State Zip Code  
Fairfax Station VA 22039-1426

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  
06 / 29 / 2007

**Transaction ID: 14284014**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>22750.00</b>

**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 30 / 40

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Wachovia Bank, N.A.

Mailing Address NC8502  
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement  
Bank Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 14237765

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

1359.92

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

1359.92

**TOTAL** This Period (last page this line number only) .....

1359.92

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Rush Holt For Congress</b>		<b>Transaction ID:</b> 14229675 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address PO Box 782		Amount of Each Disbursement this Period 1000.00
City Pennington State NJ Zip Code 08534	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Rush D. Holt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12 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>B. Hal Rogers For Congress</b>		<b>Transaction ID:</b> 14229676 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 1214 East Mt Vernon St		Amount of Each Disbursement this Period 1000.00
City Somerset State KY Zip Code 42502	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Harold Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 5 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>C. Berkley For Congress</b>		<b>Transaction ID:</b> 14229677 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89121	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Shelley Berkley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 1 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Jim Ramstad Volunteer Committee</b>		<b>Transaction ID:</b> 14229679 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City State Zip Code Minnetonka MN 55305	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Jim M. Ramstad		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

Full Name (Last, First, Middle Initial) <b>B. Dutch Ruppensberger For Congress</b>		<b>Transaction ID:</b> 14229681 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 22 West Padonia Road Suite A307		Amount of Each Disbursement this Period 2500.00
City State Zip Code Timonium MD 21093	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. C.A. Dutch Ruppensberger		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD 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>C. Ryan For Congress</b>		<b>Transaction ID:</b> 14229672 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address P. O. Box 1919 P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City State Zip Code Janesville WI 53547	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Paul Ryan		Amount of Each Disbursement this Period 4500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Sanford D. Bishop Jr. For Congress</b>		<b>Transaction ID: 14229680</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address P. O. Box 909		Amount of Each Disbursement this Period 1000.00	
City Columbus State GA Zip Code 31902	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Sanford D. Bishop, Jr.		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 2			

Full Name (Last, First, Middle Initial) <b>B. Mccollum For Congress</b>		<b>Transaction ID: 14229678</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address P.O. Box 14131		Amount of Each Disbursement this Period 1000.00	
City St. Paul State MN Zip Code 55114	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Betty McCollum		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 4			

Full Name (Last, First, Middle Initial) <b>C. Capuano For Congress Committee</b>		<b>Transaction ID: 14229674</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address PO Box 440305		Amount of Each Disbursement this Period 1000.00	
City Somerville State MA Zip Code 02144	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Michael Capuano		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 8			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Braley For Congress</b>		Transaction ID: 14229673 Date of Disbursement 06 / 04 / 2007	
Mailing Address PO Box 390		Amount of Each Disbursement this Period 1000.00	
City Waterloo	State IA		Zip Code 50704
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Bruce Braley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: IA District: 1			

Full Name (Last, First, Middle Initial) <b>B. Capuano For Congress Committee</b>		Transaction ID: 14229819 Date of Disbursement 06 / 05 / 2007	
Mailing Address PO Box 440305		Amount of Each Disbursement this Period -1000.00	
City Somerville	State MA		Zip Code 02144
Purpose of Disbursement Void - Capuano For Congress Committee			011 Category/ Type
Candidate Name Rep. Michael Capuano			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: MA District: 8		Void - Capuano For Congre- ss Committee	

Full Name (Last, First, Middle Initial) <b>C. Darlene Hooley For Congress</b>		Transaction ID: 14264500 Date of Disbursement 06 / 18 / 2007	
Mailing Address 6404 Failing St		Amount of Each Disbursement this Period 1000.00	
City West Linn	State OR		Zip Code 97068
Purpose of Disbursement			011 Category/ Type
Candidate Name Darlene Hooley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: OR District: 5			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Congressman Waxman Campaign Committee</b>		Transaction ID: 14264513 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048		
Purpose of Disbursement Candidate Name Rep. Henry A. Waxman	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 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>B. Friends Of Dick Durbin Committee</b>		Transaction ID: 14264492 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address PO Box 1949		Amount of Each Disbursement this Period 1000.00
City Springfield State IL Zip Code 62705		
Purpose of Disbursement Candidate Name Sen. Richard J. Durbin	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 1 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>C. Diana Degette For Congress</b>		Transaction ID: 14264503 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 2000.00
City Denver State CO Zip Code 80206		
Purpose of Disbursement Candidate Name Rep. Diana DeGette	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Diana Degette For Congress</b>		Transaction ID: 14264511 Date of Disbursement 06 / 18 / 2007	
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 3000.00	
City Denver State CO Zip Code 80206	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Diana DeGette	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Electio		

Full Name (Last, First, Middle Initial) <b>B. Anna Eshoo For Congress</b>		Transaction ID: 14264499 Date of Disbursement 06 / 18 / 2007	
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Anna G. Eshoo	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	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>C. Lee Terry For Congress</b>		Transaction ID: 14264378 Date of Disbursement 06 / 18 / 2007	
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 1000.00	
City Omaha State NE Zip Code 68154	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Lee Terry	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Matheson For Congress</b>		<b>Transaction ID:</b> 14264497 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. James D. Matheson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT 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>B. Marsha Blackburn For Congress Inc.</b>		<b>Transaction ID:</b> 14264501 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 1000.00
City Franklin State TN Zip Code 37068	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Marsha Blackburn	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 7	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>C. Kuhl For Congress</b>		<b>Transaction ID:</b> 14264516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 10 Ganesvoort Street Suite 101		Amount of Each Disbursement this Period 1500.00
City Bath State NY Zip Code 14810	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John Kuhl	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pallone For Congress</b>		<b>Transaction ID:</b> 14273908 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2000.00
City Long Branch	State NJ	
Zip Code 07740		
Purpose of Disbursement		
Candidate Name Rep. Frank Pallone, Jr.		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
State: NJ District: 6		

Full Name (Last, First, Middle Initial) <b>B. Castle Campaign Fund</b>		<b>Transaction ID:</b> 14273910 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 5000.00
City Wilmington	State DE	
Zip Code 19899		
Purpose of Disbursement		
Candidate Name Rep. Michael N. Castle		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
State: DE District: 1		

Full Name (Last, First, Middle Initial) <b>C. Walden For Congress Inc</b>		<b>Transaction ID:</b> 14273911 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address PO Box 1091		Amount of Each Disbursement this Period 1000.00
City Hood River	State OR	
Zip Code 97031		
Purpose of Disbursement		
Candidate Name Rep. Greg Walden		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
State: OR District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. BAMPAC (Building A Majority PAC)</b>		Transaction ID: 14273909 Date of Disbursement																					
Mailing Address 10 G Street, NE Suite 470		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	4		2	0	0	7														
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">5000.00</td> </tr> </table>		5000.00																			
5000.00																							
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: center;">011</td> </tr> <tr> <td colspan="10" style="text-align: center;">Category/ Type</td> </tr> </table>		011										Category/ Type									
011																							
Category/ Type																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial) <b>B. Mary Bono Committee</b>		Transaction ID: 14274781 Date of Disbursement																					
Mailing Address P.O. Box 3370		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	5		2	0	0	7														
City Palm Springs	State CA	Zip Code 92263	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Candidate Name Rep. Mary Bono		<table border="1"> <tr> <td colspan="10" style="text-align: center;">011</td> </tr> <tr> <td colspan="10" style="text-align: center;">Category/ Type</td> </tr> </table>		011										Category/ Type									
011																							
Category/ Type																							
Office Sought:	Disbursement For:																						
<input checked="" type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: CA	District: 45																						
		2008 Primary Electio																					

Full Name (Last, First, Middle Initial) <b>C. Citizens For Gillmor</b>		Transaction ID: 14274516 Date of Disbursement																					
Mailing Address P.O. Box 150		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	5		2	0	0	7														
City Old Fort	State OH	Zip Code 44861	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10" style="text-align: right;">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Candidate Name Rep. Paul Gillmor		<table border="1"> <tr> <td colspan="10" style="text-align: center;">011</td> </tr> <tr> <td colspan="10" style="text-align: center;">Category/ Type</td> </tr> </table>		011										Category/ Type									
011																							
Category/ Type																							
Office Sought:	Disbursement For:																						
<input checked="" type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: OH	District: 5																						
		2008 Primary Electio																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Friends Of Charlie Wilson

Mailing Address 7 Cadiz Pike

City State Zip Code  
Bridgeport OH 43912

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Mr. Charles Wilson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General

State: OH District: 6

Other (specify) ▼  
2008 Primary Electio

Transaction ID: 14274517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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