

# 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 04 01 2005 through 04 30 2005

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 18 2006

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		284106.18
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	360920.12									
(c) Total Receipts (from Line 19) .....	59770.00	204677.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	420690.12	488783.48								
7. Total Disbursements (from Line 31) .....	29889.33	97982.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	390800.79	390800.79								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	37805.00	127494.88
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	21965.00	76305.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	59770.00	203799.88
(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) ▶	59770.00	203799.88
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	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	377.42
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)) .....	59770.00	204677.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	59770.00	204677.30

**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.....	907.77	4473.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	907.77	4473.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28731.56	93231.56
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 .....	250.00	250.00
(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)) .....	250.00	250.00
29. Other Disbursements.....	0.00	27.86
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))..	29889.33	97982.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29889.33	97982.69

**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 .....	59770.00	203799.88
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59520.00	203549.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	907.77	4473.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	907.77	4473.27

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 50
	<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. James R. Christina		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 5	
Mailing Address 3 Glendorian Ct.		<b>Transaction ID:</b> 10902212	
City Cockeysville	State MD	Amount of Each Receipt this Period 500.00	
Zip Code 21030-2407			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
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. Ronald D. Jensen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 5	
Mailing Address Gould Medical Group 3612 Dale Rd.		<b>Transaction ID:</b> 10908750	
City Modesto	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 95356-0500			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
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. James Mark Bruyn		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 5	
Mailing Address 5770 Calder		<b>Transaction ID:</b> 10913119	
City Beaumont	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 77706-6306			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
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) ..... ▶	1750.00
<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 7 / 50
	<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. Jeffrey Rewitzer		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 5	
Mailing Address 16189 Old Orchard Dr.		<b>Transaction ID:</b> 10913120	
City State Zip Code Spring Lake MI 49456-2346	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. John Scot Odle		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 1 / 2 0 0 5	
Mailing Address Jasper Podiatry Center 1800 Birmingham Ave.		<b>Transaction ID:</b> 10913133	
City State Zip Code Jasper AL 35501-5461	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Richard M. Hofacker		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 5	
Mailing Address 50 Sand Run Rd.		<b>Transaction ID:</b> 10913142	
City State Zip Code Akron OH 44313-6200	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 300.00		

<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 8 / 50
	<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. Scott W. McKinney		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 5	
Mailing Address 1311 Coral Way Dr.		<b>Transaction ID:</b> 10913143	
City State Zip Code Seabrook TX 77586-4570	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Podiatrist		
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. Scott L. Shindler		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 5	
Mailing Address 508 James Pl.		<b>Transaction ID:</b> 10913159	
City State Zip Code Yankton SD 57078-1830	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Podiatrist		
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. Alvin J. Dr. Alvin J. Kanegis		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 5	
Mailing Address 78 Page Ln.		<b>Transaction ID:</b> 10918341	
City State Zip Code Westbury NY 11590-6213	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Podiatrist		
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) ..... ▶	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: (check only one)	PAGE 9 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. John Charles Williams

Mailing Address Rosaline Footcare A Podiatry Group  
1950 Rosaline Ave. #F

City Redding State CA Zip Code 96001-2543

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2005

**Transaction ID:** 10918343

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robb A. Mothershed

Mailing Address 5732 Brandiles Ln.

City Winston Salem State NC Zip Code 27104

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2005

**Transaction ID:** 10918344

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James O. Hall

Mailing Address 2195 N. St. James

City Cleveland Heights State OH Zip Code 44106-3328

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2005

**Transaction ID:** 10918345

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 10 / 50
	<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. Harry Goldsmith

Mailing Address 19224 Trentham Ave.

City State Zip Code  
Cerritos CA 90703-7269

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 5

**Transaction ID:** 10918351

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bruce E. Waxman

Mailing Address 29 Blackthorn Loop

City State Zip Code  
Wappingers Falls NY 12590-4226

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 5

**Transaction ID:** 10918358

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven E. Damon

Mailing Address 399 N. Main St.

City State Zip Code  
Suffield CT 06078-1839

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 0 5

**Transaction ID:** 10918364

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 11 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. John E. Cann

Mailing Address 586 Washington St.

City State Zip Code  
Vermilion OH 44089-1079

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 5

Transaction ID: 10921405

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1442 Honeysuckle N.E.

City State Zip Code  
Albuquerque NM 87122-1144

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 5

Transaction ID: 10921417

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eric M. Kosofsky

Mailing Address Hartford Podiatry Group  
597 Farmington Ave.

City State Zip Code  
Hartford CT 06105-3057

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 5

Transaction ID: 10921420

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: (check only one)	PAGE 12 / 50
	<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. Robert E. Marra

Mailing Address 166 Greenwood Dr.

City State Zip Code  
South Windsor CT 06074-2910

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 5

**Transaction ID:** 10921428

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sanjay V. Patel

Mailing Address Family Foot Care & Surgery, LLC  
309 Seaside Ave. #202

City State Zip Code  
Milford CT 06460-4632

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 5

**Transaction ID:** 10921429

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stephen Perlmutter

Mailing Address 5 Tavistock

City State Zip Code  
Cromwell CT 06416-2727

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 5

**Transaction ID:** 10921430

Amount of Each Receipt this Period  
300.00

<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 13 / 50
	<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. Benedict C. Valentine, II		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 5	
Mailing Address 206 Coldbrook Rd.		<b>Transaction ID:</b> 10921442	
City State Zip Code South Glastonbury CT 06073-2703	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Self Employed	Occupation Podiatrist		
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. Anthony R. Iorio		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 5	
Mailing Address 238 Wilton Rd.		<b>Transaction ID:</b> 10921448	
City State Zip Code Westport CT 06880-2338	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Self Employed	Occupation Podiatrist		
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. Robert A. Eterno		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 5	
Mailing Address 4154 Madison Ave.		<b>Transaction ID:</b> 10921450	
City State Zip Code Trumbull CT 06611-3563	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Self Employed	Occupation Podiatrist		
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) ..... ▶	1000.00
<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 14 / 50
	<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. Michael Z. Fein

Mailing Address 15 Lakeview Dr.

City Easton State CT Zip Code 06612-1700

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 5

**Transaction ID:** 10921452

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Brian P. Deschamps

Mailing Address 351 Merline Rd. #101

City Vernon Rockville State CT Zip Code 06066-4043

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 5

**Transaction ID:** 10921458

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Suzette Lee

Mailing Address 1307 Indiana Ave.

City South Pasadena State CA Zip Code 91030-3624

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 5

**Transaction ID:** 10928242

Amount of Each Receipt this Period  
500.00

<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 15 / 50
	<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. Brad L.Z. Naylor

Mailing Address 1129 Fay St.

City State Zip Code  
Redwood City CA 94061-2240

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 5

**Transaction ID:** 10928251

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas C. Atwood

Mailing Address Western Foot & Ankle Care  
2122 9th St. #3

City State Zip Code  
Greeley CO 80631-3089

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 5

**Transaction ID:** 10928264

Amount of Each Receipt this Period  
255.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jan David Tepper

Mailing Address 195 E. 24th St.

City State Zip Code  
Upland CA 91784-1150

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 5

**Transaction ID:** 10928265

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1255.00
<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 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. D. Jeffrey Haupt

Mailing Address 265 Mesa Dr. #D

City State Zip Code  
Costa Mesa CA 92627-6644

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 5

Transaction ID: 10928266

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen C. Wan

Mailing Address 3221 Blume Dr.

City State Zip Code  
Rossmoor CA 90720-4812

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 5

Transaction ID: 10928267

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Fred L. Anderson

Mailing Address 9182 Owari Ln.

City State Zip Code  
Riverside CA 92508-6230

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 5

Transaction ID: 10928268

Amount of Each Receipt this Period  
500.00

<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 17 / 50
	<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. William Tarran

Mailing Address 1216 Seville Dr.

City State Zip Code  
Pacifica CA 94044-3554

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 5

**Transaction ID:** 10928269

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Burton J. Katzen

Mailing Address 10604 Norton Rd.

City State Zip Code  
Potomac MD 20854

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 5

**Transaction ID:** 10933063

Amount of Each Receipt this Period  
550.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lyle T. Modlin

Mailing Address 3708 Gateshead Dr.

City State Zip Code  
Annapolis MD 21403-5002

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 5

**Transaction ID:** 10933064

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</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 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Gary A. Lieberman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 5
Mailing Address 5 Sedgewick Ln.		<b>Transaction ID:</b> 10933067
City State Zip Code Rockville MD 20852-3636	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Francisco A. Tello		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 5
Mailing Address 10822 Rose Dr.		<b>Transaction ID:</b> 10933068
City State Zip Code Bismarck ND 58503-9719	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Podiatrist		
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. Richard S. Eisner		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 5
Mailing Address 27 Horton St.		<b>Transaction ID:</b> 10933069
City State Zip Code Salem MA 01970-2847	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Occupation Self Employed Podiatrist		
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) ..... ▶	1000.00
<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 / 50
	<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. Timothy Ellis Messmer

Mailing Address 1519 34th St.

City Anacortes State WA Zip Code 98221-3354

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 17 / 2005

**Transaction ID:** 10949429

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard W. Peffley

Mailing Address Salem Foot Clinic  
350 Miller St. S.E.

City Salem State OR Zip Code 97302-4248

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
04 / 17 / 2005

**Transaction ID:** 10950218

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Q. Davis

Mailing Address 757 Poplar Church Rd.

City Camp Hill State PA Zip Code 17011-2383

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

Name of Employer Pennsylvania Podiatric Medical Assoc. Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
04 / 17 / 2005

**Transaction ID:** 10960071

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</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 20 / 50
	<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. William Schlorff		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 345 E. Central Ave.		<b>Transaction ID:</b> 10960073	
City State Zip Code Jersey Shore PA 17740-6979	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 349.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Donald G. Hovancsek		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 7520 Sandy Point Rd. N.E.		<b>Transaction ID:</b> 10960307	
City State Zip Code Olympia WA 98516-9575	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Roy R. Moeller		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 8879 Sylvan Ridge		<b>Transaction ID:</b> 10961935	
City State Zip Code Eden Prairie MN 55347-3337	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist 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 21 / 50
	<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. Lyman H. Wilson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 2220 E. Fruit St. #214		<b>Transaction ID:</b> 10961936	
City State Zip Code Santa Ana CA 92701-4459	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Podiatrist			
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 Alan Yeager		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 2165 Fawn Ridge Dr.		<b>Transaction ID:</b> 10961937	
City State Zip Code Dixon IL 61021-9502	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Podiatrist			
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. Ira Kraus		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 20 Dogwood Trl.		<b>Transaction ID:</b> 10961938	
City State Zip Code Ringgold GA 30736-2725	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1400.00
<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 22 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Raymond J. Mollica

Mailing Address 8223 14th Ave.

City State Zip Code  
Brooklyn NY 11228-3113

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2005

**Transaction ID:** 10961939

Amount of Each Receipt this Period  
250.00

**B.** 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 12033-4022

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2005

**Transaction ID:** 10961941

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles M. Tirone

Mailing Address 459 General Dr.

City State Zip Code  
Ft Wright KY 41011-1863

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2005

**Transaction ID:** 10961944

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 23 / 50
	<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. Jondelle B. Jenkins		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address J.B. Jenkins & Associates 1706 E. 87th St.		<b>Transaction ID:</b> 10961945	
City Chicago	State IL	Amount of Each Receipt this Period 1000.00	
Zip Code 60617-2740			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
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>B.</b> Dr. Gerald D. Peterson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 6627 Apollo Rd.		<b>Transaction ID:</b> 10961946	
City West Linn	State OR	Amount of Each Receipt this Period 1000.00	
Zip Code 97068-2807			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
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. David S. Mazza		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address Chula Vista Podiatry Group 276 Church Ave. #A		<b>Transaction ID:</b> 10961947	
City Chula Vista	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 91910-2729			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
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) ..... ▶	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 24 / 50
	<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. Stuart L. Tessler		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 3 49th Ave.		<b>Transaction ID:</b> 10961948	
City Isle Of Palms	State SC	Amount of Each Receipt this Period 250.00	
Zip Code 29451-2609		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Podiatrist	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. Franklin Kase		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 2675 Basil Ln.		<b>Transaction ID:</b> 10961949	
City Los Angeles	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 90077-2005		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Podiatrist	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. Bradley Don Beasley		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 1705 W. Montpelier St.		<b>Transaction ID:</b> 10961950	
City Broken Arrow	State OK	Amount of Each Receipt this Period 150.00	
Zip Code 74012-8597		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Podiatrist	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) ..... ▶	900.00
<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 / 50
	<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. Eric R. Hubbard		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 3530 Weston		<b>Transaction ID:</b> 10961952	
City State Zip Code Long Beach CA 90807-3818	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael L. Michetti		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 7805 Gate Post Way		<b>Transaction ID:</b> 10961954	
City State Zip Code Potomac MD 20854-1739	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Barry E. Wesselowski		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 2901 Majestic		<b>Transaction ID:</b> 10961955	
City State Zip Code Independence KS 67301-1519	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<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 / 50
	<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. Randy K. Kaplan

Mailing Address 6578 Post Oak Dr.

City State Zip Code  
West Bloomfield MI 48322-3830

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 5

**Transaction ID:** 10961956

Amount of Each Receipt this Period  
250.00

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

Mailing Address 201 68th Pl.

City State Zip Code  
Kenosha WI 53143-5137

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 5

**Transaction ID:** 10961957

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kirk A. Koepsel

Mailing Address 327 Pebblebrook

City State Zip Code  
Seabrook TX 77586-6010

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 5

**Transaction ID:** 10961958

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 27 / 50
	<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. Daniel C. Fulmer

Mailing Address P.O. Box 8067

City State Zip Code  
Fayetteville AR 72703-0001

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 5

**Transaction ID:** 10961959

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gail R. Johnson

Mailing Address P.O. Box 8067

City State Zip Code  
Fayetteville AR 72703-0001

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 5

**Transaction ID:** 10961960

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Shay N. Rosenfeld

Mailing Address 29815 Mullane Dr.

City State Zip Code  
Farmington Hills MI 48334-2059

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 5

**Transaction ID:** 10961961

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: <span style="float: right;">PAGE 28 / 50</span> (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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Michael A. Robinson</p> <p>Mailing Address 43 Algonquian Dr.</p> <p>City State Zip Code Natick MA 01760-6094</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed Occupation Self Employed Podiatrist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 17 / 2005</span></p> <p><b>Transaction ID:</b> 10961962</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Marlene Reid</p> <p>Mailing Address 3446 N. Bosworth</p> <p>City State Zip Code Chicago IL 60657-1304</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed Occupation Self Employed Podiatrist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 17 / 2005</span></p> <p><b>Transaction ID:</b> 10961963</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Bruce G. Blank</p> <p>Mailing Address Achilles Foot &amp; Ankle Surgery 92 N. 4th St. #27</p> <p>City State Zip Code Martins Ferry OH 43935-1600</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Employed Occupation Self Employed Podiatrist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 17 / 2005</span></p> <p><b>Transaction ID:</b> 10961964</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 50		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Marc A. Borovoy

Mailing Address 6827 Minnow Pond Dr.

City State Zip Code  
West Bloomfield MI 48322-2664

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2005

**Transaction ID:** 10961965

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bert Altmanshofer

Mailing Address 550 Forsht Dr.

City State Zip Code  
Duncansville PA 16635-9413

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2005

**Transaction ID:** 10961966

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Amy B. Schunemeyer

Mailing Address 207 Estate Dr.

City State Zip Code  
New Iberia LA 70563-2303

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2005

**Transaction ID:** 10961967

Amount of Each Receipt this Period  
500.00

<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 30 / 50
	<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. Marshall G. Solomon		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 37723 Cherry Hill		<b>Transaction ID:</b> 10961975	
City Farmington Hills	State MI	Zip Code 48331-4803	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
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. S. F. Charley Hartley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 2201 Juanita Ln.		<b>Transaction ID:</b> 10961976	
City Deer Park	State TX	Zip Code 77536-4214	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
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. David B. Tucker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 5	
Mailing Address 1331 Tellowee Rd.		<b>Transaction ID:</b> 10961977	
City Eden	State NC	Zip Code 27288-9505	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<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 31 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lawrence B. Harkless

Mailing Address 13103 Country Trl.

City State Zip Code  
San Antonio TX 78216-2330

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2005

**Transaction ID:** 10961978

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. R. Craig Martin

Mailing Address 6250 Clearview Rd.

City State Zip Code  
Dover PA 17315-3206

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2005

**Transaction ID:** 11001661

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James W. Stavosky

Mailing Address 1201 Vancouver Ave.

City State Zip Code  
Burlingame CA 94010-5669

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2005

**Transaction ID:** 11001666

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 32 / 50
	<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. Donald C. Lutz

Mailing Address 326 River Woods Dr.

City State Zip Code  
Flushing MI 48433-2100

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 5

Transaction ID: 11001667

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Raymond G. Cavaliere

Mailing Address 28 Cedar Ridge Ln.

City State Zip Code  
Dix Hills NY 11746-7941

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 5

Transaction ID: 11001668

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael Charles Edwards, Jr.

Mailing Address 26 Partridge Cir.

City State Zip Code  
Beaufort SC 29907-1234

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 4 / 2 0 0 5

Transaction ID: 11001676

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: (check only one)	PAGE 33 / 50
	<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. Terry P. Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5	
Mailing Address 2064 Michigan Ave		<b>Transaction ID:</b> 11001866	
City State Zip Code Salt Lake City UT 84108-1308	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Loren L. Rogers		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5	
Mailing Address 2717 Sycamore Ave.		<b>Transaction ID:</b> 11001870	
City State Zip Code Missoula MT 59802-3101	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Allen K. Raich		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5	
Mailing Address 7282 Egerton Ln.		<b>Transaction ID:</b> 11001871	
City State Zip Code Germantown TN 38138-8779	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

<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 34 / 50
	<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. Joseph M. Hughes

Mailing Address 2311 Ocean View Dr.

City State Zip Code  
Signal Hill CA 90755-3778

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

**Transaction ID:** 11001875

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert J. Hilkemann

Mailing Address 13427 Seward

City State Zip Code  
Omaha NE 68154-3820

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

**Transaction ID:** 11001877

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Vincent J. Hetherington

Mailing Address 21948 Shagbark Trl.

City State Zip Code  
Strongsville OH 44149-2280

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

**Transaction ID:** 11001898

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: (check only one)	PAGE 35 / 50
	<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. Todd A. Harrison		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5	
Mailing Address 18819 Fountain Ter.		<b>Transaction ID:</b> 11001899	
City State Zip Code Hagerstown MD 21742-2670	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Perry K. Geistler		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5	
Mailing Address 1660 Blakefield Ter.		<b>Transaction ID:</b> 11001900	
City State Zip Code Manchester MO 63021-7102	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Thomas H. Detwiler		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 5	
Mailing Address 110 Centre St.		<b>Transaction ID:</b> 11001904	
City State Zip Code Concord NH 03301-3015	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 300.00		

<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 36 / 50
	<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. Daria P. McDonough

Mailing Address 284 N. Halifax Dr.

City State Zip Code  
Ormond Beach FL 32176-5765

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

Transaction ID: 11001925

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bernard A. Vierra

Mailing Address P.O. Box 51985

City State Zip Code  
Lafayette LA 70505-1985

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

Transaction ID: 11001926

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Grace D. Pascual

Mailing Address 86-274 Alamihi St.

City State Zip Code  
Waianae HI 96792-2911

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

Transaction ID: 11001937

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 37 / 50
	<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. Rosario J. LaBarbera

Mailing Address 321 Union Brick Rd.

City State Zip Code  
Blairstown NJ 07825-3411

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

**Transaction ID:** 11001938

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey L. Davis

Mailing Address 153 Griffin Rd.

City State Zip Code  
Deerfield NH 03037-1327

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

**Transaction ID:** 11001939

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bruce J. McLaughlin

Mailing Address 49 West Ln.

City State Zip Code  
Brightwaters NY 11718-1025

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 5

**Transaction ID:** 11001942

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 50
	<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. Richard H. Rolfes

Mailing Address 441 Alta Vista Dr.

City State Zip Code  
South San Francisc CA 94080-5644

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 5

**Transaction ID:** 11001966

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Dean Martone

Mailing Address Family Foot Care Center  
11 Central Ave.

City State Zip Code  
East Hartford CT 06108-3102

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 5

**Transaction ID:** 11001969

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas S. Matysik

Mailing Address 2246 Hwy. 44 W.

City State Zip Code  
Inverness FL 34453-3808

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 5

**Transaction ID:** 11001976

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 39 / 50
	<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. Edward Patrick Smith, Jr.

Mailing Address 148 Park St.

City State Zip Code  
Springfield VT 05156-3034

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 5

**Transaction ID:** 11020539

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark M. Schilansky

Mailing Address 181 Elting Rd.

City State Zip Code  
Catskill NY 12414-6731

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 0 5

**Transaction ID:** 11020569

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey N. Bowman

Mailing Address 3515 Maroneal

City State Zip Code  
Houston TX 77025-1322

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 5

**Transaction ID:** 11020685

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 40 / 50
	<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. Tracy C. Ferragamo

Mailing Address 44286 Greenview Dr.

City State Zip Code  
El Macero CA 95618-1015

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 5

Transaction ID: 11058115

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth L. Hobbs

Mailing Address 714 Fairlawn Rd.

City State Zip Code  
Topeka KS 66606-2337

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 5

Transaction ID: 11058117

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Matt Andrew Heilala

Mailing Address 12134 Woodchase Cir.

City State Zip Code  
Anchorage AK 99516-2049

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 5

Transaction ID: 11058125

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 41 / 50	
	(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. Thomas S. Godfryd

Mailing Address 4988 Heather Point

City State Zip Code  
Birmingham AL 35242-3950

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	0	5

Transaction ID: 12780936

Amount of Each Receipt this Period  
0.00

**[MEMO ITEM]**  
Refund(s) on Schedule B  
Totaling \$250.00 This changes the YTD Total to \$12-50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	37805.00

# 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 42 / 50

<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) <b>A. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 12780324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 416.76
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 12780327 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 319.49
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 12780328 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 21.30
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	757.55
<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 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

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 12780329

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**B.** 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

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 12780330

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Bank Fees

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Mike Ferguson</b>		<b>Transaction ID:</b> 10898226 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 2000.00
City Colonia State NJ Zip Code 07067	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Mike Ferguson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) <b>B. Lesley 'Les' Miller For Congress</b>		<b>Transaction ID:</b> 10898227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 5
Mailing Address 2505-38th Avenue		Amount of Each Disbursement this Period 1000.00
City Tampa State FL Zip Code 33610	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Lesley Miller		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) <b>C. Johnson For Congress Committee</b>		<b>Transaction ID:</b> 10909417 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<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. Simpson For Congress</b>		<b>Transaction ID:</b> 10909420 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1000.00  2006 Primary Election
City Blackfoot State ID MO Zip Code 83221		
Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Michael K. Simpson	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 2		

Full Name (Last, First, Middle Initial) <b>B. Hulshof for Congress</b>		<b>Transaction ID:</b> 10909419 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address P.O. Box 1621		Amount of Each Disbursement this Period 1000.00  2006 Primary Election
City Columbia State ID MO Zip Code 65205		
Purpose of Disbursement 2006 Primary Election Candidate Name Mr. Kenny Hulshof	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 9		

Full Name (Last, First, Middle Initial) <b>C. Pryce For Congress</b>		<b>Transaction ID:</b> 10909418 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 5
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00  2006 Primary Election
City Columbus State ID OH Zip Code 43215		
Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Deborah Pryce	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15		

<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. Walden For Congress Inc</b>		<b>Transaction ID:</b> 10909421	
Mailing Address PO Box 1091		Date of Disbursement 04 / 07 / 2005	
City Hood River	State OR	Zip Code 97031	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2006 Primary Election		011 Category/ Type	
Candidate Name Rep. Greg Walden		2006 Primary Election	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR District: 2			

Full Name (Last, First, Middle Initial) <b>B. Conaway For Congress</b>		<b>Transaction ID:</b> 10918411	
Mailing Address PO Box 51272		Date of Disbursement 04 / 12 / 2005	
City Midland	State TX	Zip Code 79710	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement 2006 Primary Election		011 Category/ Type	
Candidate Name Rep. K. Conaway		2006 Primary Election	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TX District: 11			

Full Name (Last, First, Middle Initial) <b>C. Committee For A Democratic Majority</b>		<b>Transaction ID:</b> 10918412	
Mailing Address 301 4th St. NE Suite 202		Date of Disbursement 04 / 12 / 2005	
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 2005 Contribution		011 Category/ Type	
Candidate Name		2005 Contribution	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</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) <b>A. Kennedy for Senate</b>		Transaction ID: 11030717 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address 301 4th St., NE - Suite 202		Amount of Each Disbursement this Period 1731.56	
City Washington State DC Zip Code 20002	Purpose of Disbursement (In-Kind) 2006 General Election Candidate Name Edward M. Kennedy Category/Type 011	(In-Kind) 2006 General Election	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Castle Campaign Fund</b>		Transaction ID: 11030349 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 3500.00	
City Wilmington State DE Zip Code 19899	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Michael N. Castle Category/Type 011	2006 Primary Election	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kyl for Senate</b>		Transaction ID: 11030466 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address POST OFFICE BOX 10246		Amount of Each Disbursement this Period 1000.00	
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement 2006 Primary Election Candidate Name Jon Kyl Category/Type 011	2006 Primary Election	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6231.56
<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. Lee Terry For Congress</b>		Transaction ID: 11030348 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 3000.00
City Omaha State NE Zip Code 68154	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
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: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) <b>B. Menendez For Congress</b>		Transaction ID: 11030469 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 1000.00
City Union City State NJ Zip Code 07087	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Robert Menendez		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) <b>C. Tom Lantos For Congress Committee</b>		Transaction ID: 11030350 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00
City San Carlos State CA Zip Code 94070	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Tom Lantos		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<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. Santorum 2006</b>		Transaction ID: 11030467 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 2000.00	
City West Conshohocken State PA Zip Code 19428	Purpose of Disbursement 2006 Primary Election Candidate Name Sen. Rick Santorum	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

Full Name (Last, First, Middle Initial) <b>B. Mark Kennedy 06</b>		Transaction ID: 11030470 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 1000.00	
City Blaine State MN Zip Code 55449	Purpose of Disbursement 2006 Primary Election Candidate Name Mr. Mark Kennedy	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

Full Name (Last, First, Middle Initial) <b>C. Akaka In 2006</b>		Transaction ID: 11030472 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 5	
Mailing Address PO Box 3169		Amount of Each Disbursement this Period 1000.00	
City Honolulu State HI Zip Code 96802	Purpose of Disbursement 2006 Primary Election Candidate Name Sen. Daniel Akaka	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	28731.56

# 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 50 / 50

<input 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 checked="" 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. Dr. Thomas S. Godfryd

Mailing Address 4988 Heather Point

City Birmingham State AL Zip Code 35242-3950

Purpose of Disbursement  
refund of duplicate web contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 11159611

Date of Disbursement

04 / 11 / 2005

Amount of Each Disbursement this Period

250.00

refund of duplicate web  
contribution

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

250.00

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

250.00