



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

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 .....	366120.35									
(c) Total Receipts (from Line 19) .....	51936.50	267344.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	418056.85	551450.69								
7. Total Disbursements (from Line 31) .....	45823.20	179217.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	372233.65	372233.65								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	6

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	34501.00	167521.88
(i) Itemized (use Schedule A) .....	17234.00	98567.00
(ii) Unitemized .....	51735.00	266088.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	51735.00	266088.88
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.) .....	201.50	755.63
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)) .....	51936.50	267344.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51936.50	267344.51

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	829.17	6713.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	829.17	6713.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44994.03	172225.59
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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)) .....	0.00	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))..	45823.20	179217.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	45823.20	179217.04

**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) .....	51735.00	266088.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51735.00	265838.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	829.17	6713.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	829.17	6713.59

**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 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Harold B. Glickman

Mailing Address 11321 Berger Ter.

City Potomac State MD Zip Code 20854-2017

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 ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2005

**Transaction ID: 11183074**

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas V. Melillo

Mailing Address 438 Berwick Cir.

City Aurora State OH Zip Code 44202-8560

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2005

**Transaction ID: 11226164**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Eugene F. Sherwood

Mailing Address 7475 Algonquin Dr.

City Cincinnati State OH Zip Code 45243-3517

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  
06 / 06 / 2005

**Transaction ID: 11226170**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>925.00</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 7 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Matthew L. Burrell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5
Mailing Address 133 Rapputak Dr. Box 427		<b>Transaction ID:</b> 11226596
City State Zip Code Fryeburg ME 04037	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. Lyndon G. Johansen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5
Mailing Address 2025 S.W. Daybreak Way		<b>Transaction ID:</b> 11232146
City State Zip Code Troutdale OR 97060-4468	Amount of Each Receipt this Period 125.00	
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. John E. Forrette		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address 3028 S. Amanda Ct.		<b>Transaction ID:</b> 11232189
City State Zip Code Sioux Falls SD 57103-4828	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) ..... ▶	875.00
<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 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Michael Molay Mailing Address 1345 Sunburst City Northbrook State IL Zip Code 60062-4260 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 5 <b>Transaction ID: 11236193</b> Amount of Each Receipt this Period 500.00
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>B.</b> Full Name (Last, First, Middle Initial) Dr. Gary Lee Unsdorfer Mailing Address 4274 Red Tail Ct. City Medina State OH Zip Code 44256-6514 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5 <b>Transaction ID: 11236214</b> Amount of Each Receipt this Period 300.00
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>C.</b> Full Name (Last, First, Middle Initial) Dr. Katherine Louise Kalthoff Mailing Address 5 Spinning Rod Ct. City Sacramento State CA Zip Code 95833-9621 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5 <b>Transaction ID: 11251843</b> Amount of Each Receipt this Period 500.00
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) .....	<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 9 / 55
	<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. Randall J. Sarte		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5	
Mailing Address 6340 Almond Ave.		<b>Transaction ID:</b> 11251845	
City State Zip Code Orangevale CA 95662-3932	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. John A. Chisholm		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5	
Mailing Address 11205 Madrigal St.		<b>Transaction ID:</b> 11251849	
City State Zip Code San Diego CA 92129-1215	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>C.</b> Dr. Alfred Anthony Patino		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 5	
Mailing Address 2180 Mira Flores Dr.		<b>Transaction ID:</b> 11251850	
City State Zip Code Turlock CA 95380-3639	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>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 10 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Ara Kelekian		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2005	
Mailing Address 717 De Palma Way		<b>Transaction ID:</b> 11251851	
City State Zip Code Montebello CA 90640-3515	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. Sandra J. Loving		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2005	
Mailing Address 14878 Elton Dr.		<b>Transaction ID:</b> 11251852	
City State Zip Code San Jose CA 95124-4330	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. Michael A. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2005	
Mailing Address 136 San Felipe Way		<b>Transaction ID:</b> 11251866	
City State Zip Code Novato CA 94945-1612	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 11 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Leslie G. Levy		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5	
Mailing Address 23861 W. McBean Pkwy. #E26		<b>Transaction ID:</b> 11251867	
City State Zip Code Valencia CA 91355-4457	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>B.</b> Dr. Randall J. Sarte		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 5	
Mailing Address 6340 Almond Ave.		<b>Transaction ID:</b> 11251868	
City State Zip Code Orangevale CA 95662-3932	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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Richard L. Evans		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 39755 Murrieta Hot Springs Rd. #D1		<b>Transaction ID:</b> 11251870	
City State Zip Code Murrieta CA 92563-9110	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		

<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 12 / 55
	<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 M. Gerber

Mailing Address 800 Austin St. W. Tower #508

City State Zip Code  
Evanston IL 60202-3445

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  
06 / 14 / 2005

**Transaction ID: 11251877**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. G. Michael Johnson, Jr.

Mailing Address Medical Center Podiatry, P.C.  
P.O. Box 8407

City State Zip Code  
Mobile AL 36689-0407

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  
06 / 13 / 2005

**Transaction ID: 11251884**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stefan L. Feldman

Mailing Address 6747 Pheasant Ln.

City State Zip Code  
Oak Park CA 91377-3977

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  
06 / 20 / 2005

**Transaction ID: 11251909**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</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 13 / 55
	<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 D. McDonald		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 3031 W. March Ln. #310E		<b>Transaction ID:</b> 11251910	
City State Zip Code Stockton CA 95219-6500	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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Howard A. Hewlett		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 21372 Brookhurst #418		<b>Transaction ID:</b> 11251911	
City State Zip Code Huntington Beach CA 92646-7306	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. Arthur H. Fass		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 18233 Vintage St.		<b>Transaction ID:</b> 11251912	
City State Zip Code Northridge CA 91325-1041	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 ▼ 350.00		

<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 14 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Robert A. Abrams		Date of Receipt MM / DD / YYYY 06 / 20 / 2005
Mailing Address 19129 Kings Bury St.		<b>Transaction ID:</b> 11251913
City State Zip Code Northridge CA 91326-2942	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
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. Robert Edward Tang		Date of Receipt MM / DD / YYYY 06 / 20 / 2005
Mailing Address 1439 8th Ave.		<b>Transaction ID:</b> 11251914
City State Zip Code San Francisco CA 94122-3706	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
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. Vladimir Zeetser		Date of Receipt MM / DD / YYYY 06 / 20 / 2005
Mailing Address 18730 Hatteras St. #19		<b>Transaction ID:</b> 11251915
City State Zip Code Tarzana CA 91356-1473	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
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) .....	<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 15 / 55
	<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. Lawrence I. Rubin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 1045 W. Redondo Beach Blvd. #250		<b>Transaction ID:</b> 11251916
City State Zip Code Gardena CA 90247-4183	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
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. Roger A. Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 31594 Rd. 168		<b>Transaction ID:</b> 11251917
City State Zip Code Visalia CA 93292-9592	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
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. Arnold L. Serkin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 3400 W. Lomita Blvd. #403		<b>Transaction ID:</b> 11251918
City State Zip Code Torrance CA 90505-4930	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
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

<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 16 / 55
	<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. Jack A. Reingold

Mailing Address 12373 Brassica St.

City State Zip Code  
San Diego CA 92129-4127

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11251921**

Amount of Each Receipt this Period  
250.00

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

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

City State Zip Code  
San Francisco CA 94118-1625

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11251922**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Fred D. Youngswick

Mailing Address 96 San Domingo Way

City State Zip Code  
Novato CA 94945-1235

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11251941**

Amount of Each Receipt this Period  
151.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>651.00</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 17 / 55
	<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. Allen J. Selner

Mailing Address 4335 Laurel Canyon Blvd.

City State Zip Code  
Studio City CA 91604-1710

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  
06 / 20 / 2005

Transaction ID: 11251942

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Vanessa M.L. Taylor

Mailing Address 1233 Blacksmith Way

City State Zip Code  
Norco CA 92860-3862

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  
06 / 20 / 2005

Transaction ID: 11251943

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Joseph Chang

Mailing Address 3457 Selene Ct.

City State Zip Code  
Santa Rosa CA 95404-1644

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  
06 / 20 / 2005

Transaction ID: 11251944

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. William C. Landrey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 9474 Baseline Rd.		<b>Transaction ID:</b> 11251946
City State Zip Code Alta Loma CA 91701-5822	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Podiatrist	Aggregate Year-to-Date ▼ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Scot L. Roberg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 1690 Buena Vista St.		<b>Transaction ID:</b> 11251947
City State Zip Code Ventura CA 93001-2215	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. William Dennis Pagliano		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 1245 Wilshire Blvd. #810		<b>Transaction ID:</b> 11251948
City State Zip Code Los Angeles CA 90017-4808	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 19 / 55
	<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. Lawrence Hodor

Mailing Address 4852 Corsica Dr.

City State Zip Code  
Cypress CA 90630-3576

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  
06 / 20 / 2005

**Transaction ID: 11251949**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3934 W. Grove Ct.

City State Zip Code  
Visalia CA 93291-4163

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  
MM / DD / YYYY  
06 / 20 / 2005

**Transaction ID: 11251950**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven W. Bailey

Mailing Address 3575 Surf Ct.

City State Zip Code  
Merced CA 95340-9150

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  
06 / 20 / 2005

**Transaction ID: 11251960**

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 20 / 55
	<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. Luis B. Eiber

Mailing Address 2900 W. Lake Vista Cir.

City State Zip Code  
Davie FL 33328-1138

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  
06 / 20 / 2005

Transaction ID: 11252465

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kelly Ann Nix

Mailing Address 3323 Oxford Ln.

City State Zip Code  
San Jose CA 95117-3040

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  
06 / 20 / 2005

Transaction ID: 11252943

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gordon S. Hamblin

Mailing Address 8290 Morro Rd.

City State Zip Code  
Atascadero CA 93422-3954

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  
06 / 20 / 2005

Transaction ID: 11252944

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:	PAGE 21 / 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Kenneth Wells		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address P.O. Box 2111		<b>Transaction ID:</b> 11252945	
City Spring Valley	State CA	Zip Code 91979-2111	Amount of Each Receipt this Period 250.00
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. S. Chris Horine		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 15250 Peach Hill Rd.		<b>Transaction ID:</b> 11252946	
City Saratoga	State CA	Zip Code 95070-6448	Amount of Each Receipt this Period 500.00
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. Gabriel J. Halperin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address P.O. Box 629		<b>Transaction ID:</b> 11252947	
City Los Angeles	State CA	Zip Code 91754	Amount of Each Receipt this Period 500.00
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		

<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 22 / 55
	<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. Philip A. Radovic		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 43 Campanilla		<b>Transaction ID:</b> 11252953	
City State Zip Code San Clemente CA 92673-2751	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. Darrin Lowe		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 1806 San Ramon Ave.		<b>Transaction ID:</b> 11252954	
City State Zip Code Berkeley CA 94707-1630	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. Lynn R. Johnson		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 2123 Cedar Ridge Cr.		<b>Transaction ID:</b> 11252955	
City State Zip Code Stockton CA 95207-4681	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 23 / 55
	<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. Ronald R. Vogel

Mailing Address 615 W. 11th Ave.

City State Zip Code  
Chico CA 95926-2516

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11252956**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6000 Bridgeview Dr.

City State Zip Code  
Ventura CA 93003-1126

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**Transaction ID: 11252957**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Wendy H. Wu

Mailing Address 706 Sierra Madre Blvd.

City State Zip Code  
San Marino CA 91108-1438

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11252963**

Amount of Each Receipt this Period  
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 24 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. John Edward Ebaugh		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 38050 Vista Dr.		<b>Transaction ID:</b> 11252964	
City State Zip Code Cathedral City CA 92234-2140	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. Steven Swartz		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 16122 Santa Barbara Ln.		<b>Transaction ID:</b> 11252965	
City State Zip Code Huntington Beach CA 92649-2178	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. Jeffrey A. Stone		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2005	
Mailing Address 9515 N. Larkspur		<b>Transaction ID:</b> 11252966	
City State Zip Code Fresno CA 93720-4621	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		

<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 25 / 55
	<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. O. Dale Bagley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 8890 Brookdale Rd.		Transaction ID: 11252967	
City Millville	State CA	Zip Code 96062-9620	Amount of Each Receipt this Period 250.00
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. Dan B. Tarango		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 2323 Palomira Ct.		Transaction ID: 11252968	
City Chula Vista	State CA	Zip Code 91915-1253	Amount of Each Receipt this Period 250.00
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>C.</b> Dr. Kennon J. Martin		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 13819 Comice Ct.		Transaction ID: 11252969	
City Chico	State CA	Zip Code 95973-9295	Amount of Each Receipt this Period 250.00
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) ..... ▶	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 26 / 55
	<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. Kennon J. Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 13819 Comice Ct.		<b>Transaction ID:</b> 11252972
City Chico	State CA	Zip Code 95973-9295
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
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. Riyanto R. Quemena		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 1649 La Ramada Ave.		<b>Transaction ID:</b> 11252979
City Arcadia	State CA	Zip Code 91006-1823
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 200.00	
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>C.</b> Dr. Joseph B. Dobrusin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5
Mailing Address 8311 E. Via De Ventura		<b>Transaction ID:</b> 11252980
City Scottsdale	State AZ	Zip Code 85258-6600
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
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 ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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 / 55
	<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. Jerome A. Wisniew

Mailing Address 2705 28th St.

City State Zip Code  
San Diego CA 92104-4902

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  
06 / 20 / 2005

Transaction ID: 11252981

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2870 Dusty Stone Ct.

City State Zip Code  
Santa Rosa CA 95405-7941

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 Y  
06 / 20 / 2005

Transaction ID: 11252982

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6888 N. Auburn Cir

City State Zip Code  
Moorpark CA 93021-1304

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

Name of Employer 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  
06 / 20 / 2005

Transaction ID: 11252983

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 28 / 55
	<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. Tim The Nguyen		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 1264 Vida Dr.		<b>Transaction ID:</b> 11252984	
City State Zip Code Oxnard CA 93030-0120	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. Bruce M. Bulkin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address 2860 Wakefield Dr.		<b>Transaction ID:</b> 11252985	
City State Zip Code Belmont CA 94002-2935	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>C.</b> Dr. James Wallace Breedlove		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 5	
Mailing Address P.O. Box 7125		<b>Transaction ID:</b> 11252986	
City State Zip Code Los Osos CA 93412-7125	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		

<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 29 / 55
	<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 A. DiGiacomo

Mailing Address 13985 Skyline Blvd.

City State Zip Code  
Oakland CA 94619-3619

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11252988**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kathleen Anne Alles

Mailing Address 243 Mt. Hermon Rd. #G

City State Zip Code  
Scotts Valley CA 95066-4007

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11252989**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bruce M. Dobbs

Mailing Address 742 Walnut Ave.

City State Zip Code  
Burlingame CA 94010-5008

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 ▼  
400.00

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

**Transaction ID: 11252990**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</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 30 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 5528 Sage Dr.

City State Zip Code  
Rocklin CA 95765-5428

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11252991**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Felix Sigal

Mailing Address 19717 Falcon Crest Way

City State Zip Code  
Northridge CA 91326-4020

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11252992**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Arlene F. Hoffman

Mailing Address 282 Panoramic Hwy.

City State Zip Code  
Mill Valley CA 94941-2631

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 6 / 2 0 / 2 0 0 5

**Transaction ID: 11252993**

Amount of Each Receipt this Period  
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 31 / 55
	<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. George John Maraczi

Mailing Address 24192 Rue de Gauguin

City Laguna Niguel State CA Zip Code 92677-6101

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  
06 / 20 / 2005

Transaction ID: 11252994

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Godfrey F. Mix

Mailing Address 5025 J St. #316

City Sacramento State CA Zip Code 95819-3839

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  
06 / 20 / 2005

Transaction ID: 11252995

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Reuel D. Estes

Mailing Address A. Foot Clinic  
207 S. Halcyon Rd.

City Arroyo Grande State CA Zip Code 93420-3117

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  
06 / 20 / 2005

Transaction ID: 11252997

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 55
	<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. Robert Dan Murphy

Mailing Address 11271 Martha Ann Dr.

City State Zip Code  
Los Alamitos CA 90720-2917

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  
06 / 20 / 2005

Transaction ID: 11252998

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4824 Hazelnut Ave.

City State Zip Code  
Seal Beach CA 90740-3019

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  
06 / 20 / 2005

Transaction ID: 11252999

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Patricia L. Ferraro

Mailing Address Advanced Family Foot Care  
2074 Lake Tahoe Blvd. #8

City State Zip Code  
South Lake Tahoe CA 96150-6417

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  
06 / 20 / 2005

Transaction ID: 11253000

Amount of Each Receipt this Period  
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 33 / 55
	<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. Ronald P. Marmolejo

Mailing Address 23262 Zachary Ct.

City State Zip Code  
Porterville CA 93257-6240

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  
06 / 20 / 2005

**Transaction ID: 11253001**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lois R. Fleming

Mailing Address 1760 Gold St. #400

City State Zip Code  
Redding CA 96001-1800

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  
06 / 20 / 2005

**Transaction ID: 11253002**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott E. Adams

Mailing Address 1222 Montego

City State Zip Code  
Arroyo Grande CA 93420-2435

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  
06 / 20 / 2005

**Transaction ID: 11253003**

Amount of Each Receipt this Period  
250.00

**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 34 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Eric Y. Chen		Date of Receipt M M / D D / Y Y Y Y Y 06 / 17 / 2005	
Mailing Address 2753 Saleroso Dr.		<b>Transaction ID:</b> 11260005	
City State Zip Code Rowland Heights CA 91748-4370	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. James Wayne Ratcliff		Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2005	
Mailing Address Samaritan Family Practice 2460 Samaritan Dr.		<b>Transaction ID:</b> 11266530	
City State Zip Code San Jose CA 95124-3907	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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Jean M. Turner		Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2005	
Mailing Address 7005 Hazel Cotter Ct. #G1		<b>Transaction ID:</b> 11266545	
City State Zip Code Sebastopol CA 95472-4554	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		

<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 35 / 55
	<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. Ronald A. Robins		Date of Receipt MM / DD / YYYY 06 / 27 / 2005
Mailing Address 5702 Indian Trl.		<b>Transaction ID:</b> 11266551
City State Zip Code Houston TX 77057-1305	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Ronald L. Valmassy		Date of Receipt MM / DD / YYYY 06 / 27 / 2005
Mailing Address Center for Sports Medicine St. Francis Mem. Hosp., 900 Hyde S		<b>Transaction ID:</b> 11266553
City State Zip Code San Francisco CA 94109	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Patrick J. Nunan		Date of Receipt MM / DD / YYYY 06 / 27 / 2005
Mailing Address 5840 Winged Foot Dr.		<b>Transaction ID:</b> 11266559
City State Zip Code West Chester OH 45069-1961	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Eric Lewis

Mailing Address 4141 County Rd 26.

City State Zip Code  
Wintersville OH 43953

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  
06 / 27 / 2005

Transaction ID: 11266564

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert N. Mohr

Mailing Address 10593 Kinnard Ave.

City State Zip Code  
Los Angeles CA 90024-6040

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  
06 / 27 / 2005

Transaction ID: 11266573

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frank C. Caruana

Mailing Address 2926 S. Griset Pl.

City State Zip Code  
Santa Ana CA 92704-6004

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  
06 / 27 / 2005

Transaction ID: 11266574

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 37 / 55
	<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. Kenrick J. Dennis

Mailing Address 11838 Durette

City State Zip Code  
Houston TX 77024-7129

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  
06 / 27 / 2005

**Transaction ID: 11266580**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert W. Sullivan

Mailing Address 1661 Church Point Ln.

City State Zip Code  
Virginia Beach VA 23455-7015

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  
06 / 27 / 2005

**Transaction ID: 11266582**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard C. Mott

Mailing Address 12409 N. Copper Queen Way

City State Zip Code  
Tucson AZ 85755-8934

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  
06 / 27 / 2005

**Transaction ID: 11266583**

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 38 / 55
	<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. Charles G. Kissel

Mailing Address 41 Christine Dr.

City State Zip Code  
Grosse Pointe Farm MI 48236-3722

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  
06 / 24 / 2005

**Transaction ID:** 11269020

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Douglas H. Richie, Jr.

Mailing Address 664 Margo

City State Zip Code  
Long Beach CA 90803-2107

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2005

**Transaction ID:** 11276100

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frederick J. Kruger

Mailing Address 5680 N. Fresno St. #110

City State Zip Code  
Fresno CA 93710-8331

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  
MM / DD / YYYY  
06 / 29 / 2005

**Transaction ID:** 11276101

Amount of Each Receipt this Period  
500.00

<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 39 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Paul C. Yoon		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2005	
Mailing Address 1218 W. 162nd St.		<b>Transaction ID:</b> 11276102	
City State Zip Code Gardena CA 90247-4424	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. Scott N. Maling		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2005	
Mailing Address 853 W. Hemlock Way		<b>Transaction ID:</b> 11276106	
City State Zip Code Chandler AZ 85248-4346	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. Timothy John Siegfried		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2005	
Mailing Address 10107 E. 94th St. N.		<b>Transaction ID:</b> 11276116	
City State Zip Code Owasso OK 74055-6838	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		

<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 40 / 55
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Joseph Christopher Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 654 Philadelphia Ave.		<b>Transaction ID:</b> 11276117
City State Zip Code Shillington PA 19607-2769	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. James F. Huish		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address 2637 Sea Breeze Ct		<b>Transaction ID:</b> 11276118
City State Zip Code Merced CA 95340-8695	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>C.</b> Dr. Jeffrey Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 5
Mailing Address Affiliated Foot & Ankle Spec. of C 1117 Hwy. 46 #201		<b>Transaction ID:</b> 11276120
City State Zip Code Clifton NJ 07013-2450	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	

<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 / 55
	(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. Lindsay D. Barth

Mailing Address 3120 Hawthorne

City State Zip Code  
Saint Louis MO 63104-1606

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  
06 / 28 / 2005

**Transaction ID:** 11276121

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Brian D. Jackson

Mailing Address 1230 Old Hwy. 50-A

City State Zip Code  
Columbia TN 38401

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2005

**Transaction ID:** 11276122

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	34501.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 55	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Investment Account, Interest/Dividends		Date of Receipt M M / D D / Y Y Y Y 06 / 10 / 2005	
Mailing Address 100 Light St., 19th Floor		<b>Transaction ID:</b> 11224720	
City State Zip Code Baltimore MD 21202-1036	Amount of Each Receipt this Period 201.50		
FEC ID number of contributing federal political committee. C	Interest Income		
Name of Employer Citigroup Global Markets, Inc.	Occupation Investment Firm		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.63		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	201.50
<b>TOTAL</b> This Period (last page this line number only) .....	201.50

**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 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> 12780338 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 5.58
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees		001 Category/ Type
Candidate Name		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:

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 12780341 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 19.25
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees		001 Category/ Type
Candidate Name		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:

Full Name (Last, First, Middle Initial) <b>C. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 12780342 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 121.72
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees		001 Category/ Type
Candidate Name		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) ..... ▶	146.55
<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)

PAGE 44 / 55

<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: 12780343</b>	
Mailing Address NC8502 PO Box 563966		Date of Disbursement MM / DD / YYYY 06 / 02 / 2005	
City Charlotte	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period 668.67
Purpose of Disbursement Bank Fees	Candidate Name		001 Category/ Type
Candidate Name			
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) ▼		Bank Fees
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank, N.A.</b>		<b>Transaction ID: 12780346</b>	
Mailing Address NC8502 PO Box 563966		Date of Disbursement MM / DD / YYYY 06 / 06 / 2005	
City Charlotte	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period 13.95
Purpose of Disbursement Bank Fees	Candidate Name		001 Category/ Type
Candidate Name			
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) ▼		Bank Fees
State: District:			

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

682.62

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

829.17

**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. Diana Degette For Congress</b>		Transaction ID: 11184954 Date of Disbursement 06 / 02 / 2005
Mailing Address 770 Grant Street Suite 238 770 Grant Street Suite 238		Amount of Each Disbursement this Period 2500.00
City Denver State CO Zip Code 80203	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Diana DeGette		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 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. Van Hollen For Congress</b>		Transaction ID: 11191311 Date of Disbursement 06 / 06 / 2005
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 2500.00
City Kennington State MD Zip Code 20895	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Chris Van Hollen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8	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. Van Hollen For Congress</b>		Transaction ID: 11191350 Date of Disbursement 06 / 06 / 2005
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 2500.00
City Kennington State MD Zip Code 20895	011 Category/ Type	
Purpose of Disbursement 2006 General Election		
Candidate Name Rep. Chris Van Hollen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<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. Van Hollen For Congress</b>		Transaction ID: 11215297 Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2005	
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 97.60	
City Kenington State MD Zip Code 20895	Purpose of Disbursement (In-Kind) 2006 General Election Candidate Name Rep. Chris Van Hollen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 (In-Kind) 2006 General Election

Full Name (Last, First, Middle Initial) <b>B. Charles A. Gonzalez Congressional Campaign</b>		Transaction ID: 11224886 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2005	
Mailing Address P.O. Box 83142		Amount of Each Disbursement this Period 1000.00	
City Gaithersburg State MD Zip Code 20883	Purpose of Disbursement 2006 Primary Election Candidate Name Charlie A. Gonzalez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 2006 Primary Election

Full Name (Last, First, Middle Initial) <b>C. Diana Degette For Congress</b>		Transaction ID: 11224882 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2005	
Mailing Address 770 Grant Street Suite 238 770 Grant Street Suite 238		Amount of Each Disbursement this Period 1500.00	
City Denver State CO Zip Code 80203	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Diana DeGette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 2006 Primary Election

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2597.60
<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Congressman Bart Gordon Committee</b>		<b>Transaction ID: 11224883</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 1000.00
City Murfreesboro State TN Zip Code 37133	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Bart Gordon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6	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. Mike Ross For Congress Committee</b>		<b>Transaction ID: 11224884</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1000.00
City Prescott State AR Zip Code 71857	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Michael A. Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	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. Doggett For Us Congress</b>		<b>Transaction ID: 11224887</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 5
Mailing Address PO Box 5843		Amount of Each Disbursement this Period 2500.00
City Austin State TX Zip Code 78763	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Lloyd Doggett		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	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) ..... ▶	4500.00
<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)

<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. Volunteers For Shimkus</b>		Transaction ID: 11224885 Date of Disbursement 06 / 10 / 2005
Mailing Address P.O. Box 5458		Amount of Each Disbursement this Period 1000.00
City Springfield	State IL	
Zip Code 62705	Purpose of Disbursement 2006 Primary Election	
Candidate Name Rep. John M. Shimkus		
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) ▼	2006 Primary Election
State: IL	District: 19	Category/ Type 011

Full Name (Last, First, Middle Initial) <b>B. Sue Myrick For Congress</b>		Transaction ID: 11240968 Date of Disbursement 06 / 16 / 2005
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1000.00
City Charlotte	State NC	
Zip Code 28237	Purpose of Disbursement 2006 Primary Election	
Candidate Name Rep. Sue Wilkins Myrick		
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) ▼	2006 Primary Election
State: NC	District: 9	Category/ Type 011

Full Name (Last, First, Middle Initial) <b>C. Citizens For Harkin</b>		Transaction ID: 11247536 Date of Disbursement 06 / 17 / 2005
Mailing Address P O Box 811		Amount of Each Disbursement this Period 2000.00
City Des Moines	State IA	
Zip Code 50304	Purpose of Disbursement 2008 Primary Election	
Candidate Name Sen. Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	2008 Primary Election
State: IA	District: 2	Category/ Type 011

<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. SNOWE FOR SENATE</b>		Transaction ID: 11247533 Date of Disbursement 06 / 17 / 2005	
Mailing Address P.O. BOX 2000		Amount of Each Disbursement this Period 1000.00	
City Portland	State ME	Zip Code 04104	011 Category/ Type
Purpose of Disbursement 2006 Primary Election		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Olympia J. Snowe			2006 Primary Election
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: ME District: 1		

Full Name (Last, First, Middle Initial) <b>B. SNOWE FOR SENATE</b>		Transaction ID: 11247534 Date of Disbursement 06 / 17 / 2005	
Mailing Address P.O. BOX 2000		Amount of Each Disbursement this Period 1000.00	
City Portland	State ME	Zip Code 04104	011 Category/ Type
Purpose of Disbursement 2006 General Election		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Olympia J. Snowe			2006 General Election
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	State: ME District: 1		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Rosa DeLauro</b>		Transaction ID: 11247535 Date of Disbursement 06 / 17 / 2005	
Mailing Address 49 Huntington Street		Amount of Each Disbursement this Period 1000.00	
City New Haven	State CT	Zip Code 06511	011 Category/ Type
Purpose of Disbursement 2006 Primary Election		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Rosa L. DeLauro			2006 Primary Election
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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)

<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. Tammy Baldwin For Congress</b>		<b>Transaction ID: 11247528</b> Date of Disbursement 06 / 17 / 2005
Mailing Address P O Box 696		Amount of Each Disbursement this Period 2000.00  2006 Primary Election
City Madison State WI Zip Code 53701	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Tammy Baldwin Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Nathan Deal For Congress</b>		<b>Transaction ID: 11247539</b> Date of Disbursement 06 / 17 / 2005
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 1000.00  2006 General Election
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 2006 General Election Candidate Name Rep. Nathan Deal Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. McConnell Senate Committee '02</b>		<b>Transaction ID: 11259839</b> Date of Disbursement 06 / 17 / 2005
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 1100.00  2008 Primary Election
City Louisville State KY Zip Code 40201	Purpose of Disbursement 2008 Primary Election Candidate Name Sen. Mitch McConnell Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 2	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4100.00</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)

<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. Dutch Ruppensberger For Congress</b>		<b>Transaction ID: 11247537</b> Date of Disbursement 06 / 17 / 2005
Mailing Address 22 West Padonia Road Suite A307		Amount of Each Disbursement this Period 2500.00
City Timonium State MD Zip Code 21093	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. C.A. Dutch Ruppensberger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD 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. Committee To Re-Elect Vito Fossella</b>		<b>Transaction ID: 11247540</b> Date of Disbursement 06 / 17 / 2005
Mailing Address PO Box 131403 PO Box 060248		Amount of Each Disbursement this Period 1000.00
City Staten Island State NY Zip Code 10313	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Vito J. Fossella		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY 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. Porter For Congress</b>		<b>Transaction ID: 11247530</b> Date of Disbursement 06 / 17 / 2005
Mailing Address PO Box 26087		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Jon C. Porter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 3	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) ..... ▶	4500.00
<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)

<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 Hillary</b>		<b>Transaction ID:</b> 11247532 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 5	
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 2000.00	
City Washington State DC Zip Code 20036	2006 Primary Election		
Purpose of Disbursement 2006 Primary Election			011 Category/ Type
Candidate Name Sen. Hillary Rodham Clinton			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2			

Full Name (Last, First, Middle Initial) <b>B. Friends Of Clay Shaw</b>		<b>Transaction ID:</b> 11266549 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5	
Mailing Address 2600 Ne 14th. Street Causeway 2600 Ne 14th. Street Causeway		Amount of Each Disbursement this Period 1000.00	
City Pompano Beach State FL Zip Code 33062	2006 Primary Election		
Purpose of Disbursement 2006 Primary Election			011 Category/ Type
Candidate Name Rep. E. Clay Shaw, Jr.			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Ray Lahood</b>		<b>Transaction ID:</b> 11266576 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 5	
Mailing Address 4238 N Knoxville Ave 4238 N Knoxville Ave		Amount of Each Disbursement this Period 1000.00	
City Peoria State IL Zip Code 61614	2006 Primary Election		
Purpose of Disbursement 2006 Primary Election			011 Category/ Type
Candidate Name Rep. Ray LaHood			Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18			

<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)  
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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. John Shadeggs Friends</b>		Transaction ID: 11266577 Date of Disbursement 06 / 27 / 2005	
Mailing Address PO Box 45444		Amount of Each Disbursement this Period 1000.00	
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. John B. Shadegg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 2006 Primary Election

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sherrod Brown</b>		Transaction ID: 11266546 Date of Disbursement 06 / 27 / 2005	
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Sherrod Brown Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 2006 Primary Election

Full Name (Last, First, Middle Initial) <b>C. Christopher Shays For Congress Committee</b>		Transaction ID: 11266548 Date of Disbursement 06 / 27 / 2005	
Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building		Amount of Each Disbursement this Period 1000.00	
City Norwalk State CT Zip Code 06851	Purpose of Disbursement 2006 General Election Candidate Name Rep. Christopher Shays Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 2006 General Election

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **7000.00**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Udall For Congress Inc.</b>		Transaction ID: 11266556 Date of Disbursement 06 / 27 / 2005	
Mailing Address 8690 Wolff Court #200		Amount of Each Disbursement this Period 1000.00	
City Westminster State CO Zip Code 80031	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Mark Udall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 2006 Primary Election

Full Name (Last, First, Middle Initial) <b>B. Castle Campaign Fund</b>		Transaction ID: 11333211 Date of Disbursement 06 / 30 / 2005	
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 617.00	
City Wilmington State DE Zip Code 19899	Purpose of Disbursement (In-Kind) 2006 Gen. Inkind for Savage Fu Candidate Name Rep. Michael N. Castle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 (In-Kind) 2006 Gen. Inkind for Savage Fundraiser

Full Name (Last, First, Middle Initial) <b>C. Castle Campaign Fund</b>		Transaction ID: 11333246 Date of Disbursement 06 / 30 / 2005	
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 620.00	
City Wilmington State DE Zip Code 19899	Purpose of Disbursement (In-Kind) 2006 Gen. Inkind for Savage Fu Candidate Name Rep. Michael N. Castle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 (In-Kind) 2006 Gen. Inkind for Savage Fundraiser

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2237.00
<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. Van Hollen For Congress</b>		<b>Transaction ID: 11333378</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 559.43	
City Kenington State MD Zip Code 20895	Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Chris Van Hollen		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8			

Full Name (Last, First, Middle Initial) <b>B. Schultz Debbie Wasserman</b>		<b>Transaction ID: 11281034</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 5	
Mailing Address 4479 Foxglove Ln		Amount of Each Disbursement this Period 1000.00	
City Weston State FL Zip Code 33331	Purpose of Disbursement 2006 Primary Election 011 Category/Type		
Candidate Name Rep. Debbie Schultz		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	2006 Primary Election		

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

1559.43

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

44994.03