

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 9312 Old Georgetown Road Bethesda MD 20814 1698

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2006 through 01 31 2006

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

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

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 07 18 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		281280.76
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	281280.76									
(c) Total Receipts (from Line 19) .....	77080.55	77080.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	358361.31	358361.31								
7. Total Disbursements (from Line 31) .....	6796.55	6796.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	351564.76	351564.76								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	46999.99	46999.99
(i) Itemized (use Schedule A) .....	29023.00	29023.00
(ii) Unitemized .....	76022.99	76022.99
(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) .....	76022.99	76022.99
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 .....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	57.56	57.56
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)) .....	77080.55	77080.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	77080.55	77080.55

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</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.....	796.55	796.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	796.55	796.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
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))..	6796.55	6796.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6796.55	6796.55

**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 .....	76022.99	76022.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	76022.99	76022.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	796.55	796.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	796.55	796.55

**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 / 53
	<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. Matthew G. Garoufalis

Mailing Address 1933 Hansom Ct.

City State Zip Code  
Naperville IL 60565-2629

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  
01 / 02 / 2006

**Transaction ID: 11844151**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David M. Schofield

Mailing Address 1734 Pinnacle Rd.

City State Zip Code  
Elmira NY 14905-1240

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  
01 / 02 / 2006

**Transaction ID: 11844192**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4988 Heather Point

City State Zip Code  
Birmingham AL 35242-3950

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 03 / 2006

**Transaction ID: 11844209**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</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 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph S. Wells

Mailing Address 39195 Calle De Companero

City State Zip Code  
Murrieta CA 92562-7135

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  
01 / 13 / 2006

**Transaction ID:** 11874568

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Tod Sherman Reed

Mailing Address 500 S. Wintergreen Dr.

City State Zip Code  
Yorktown IN 47396-9246

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  
01 / 17 / 2006

**Transaction ID:** 11900459

Amount of Each Receipt this Period  
250.00

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

Mailing Address 581 Fox Pointe Ct.

City State Zip Code  
Bloomfield Hills MI 48304-1813

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  
01 / 17 / 2006

**Transaction ID:** 11900460

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 8 / 53
	<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. Glenn B. Gastwirth		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 12401 Willow Green Ct.		<b>Transaction ID:</b> 11900461	
City State Zip Code Potomac MD 20854-3044		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 Self Employed 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. Kim G. Gauntt		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 16585 N.E. Fairview Dr.		<b>Transaction ID:</b> 11900463	
City State Zip Code Dundee OR 97115-9108		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 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. Jerome S. Schnall		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 2025 E. State St.		<b>Transaction ID:</b> 11900472	
City State Zip Code Hermitage PA 16148-1893		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 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) ..... ▶	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 9 / 53
	<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. John D. Ruff		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 6801 N. Ruff Ln.		<b>Transaction ID:</b> 11900480	
City Peoria	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 61614-2843			
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. Curtis W. Long		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6	
Mailing Address 1047 Brevor Pl.		<b>Transaction ID:</b> 11900496	
City Walla Walla	State WA	Amount of Each Receipt this Period 250.00	
Zip Code 99362-9381			
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. David Y. S. Yee		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6	
Mailing Address 98-1425 D Kaahumanu St.		<b>Transaction ID:</b> 11900497	
City Aiea	State HI	Amount of Each Receipt this Period 250.00	
Zip Code 96701			
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 10 / 53
	<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. B. Richard Burke

Mailing Address 1761 W. Romneya Dr. #E.

City State Zip Code  
Anaheim CA 92801-1816

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  
01 / 09 / 2006

**Transaction ID:** 11900507

Amount of Each Receipt this Period  
300.00

**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  
01 / 13 / 2006

**Transaction ID:** 11900524

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven A. Maffei

Mailing Address 1 Meadowlark Ln.

City State Zip Code  
Franklin Park NJ 08823-1809

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  
01 / 13 / 2006

**Transaction ID:** 11900525

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 53
	<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. William Charles Jones

Mailing Address 10517 S. Toledo

City State Zip Code  
Tulsa OK 74137-6228

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 6

**Transaction ID:** 11900528

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Eugene R. Flaxman

Mailing Address 2000 S. Ocean Blvd. #306N

City State Zip Code  
Palm Beach FL 33480-5212

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 6

**Transaction ID:** 11900531

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Daniel M. Hagan

Mailing Address 1404 Clifton Rd.

City State Zip Code  
Jacksonville NC 28540-8202

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 6

**Transaction ID:** 11900929

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 12 / 53
	<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. David Allen Anderson

Mailing Address Rt. 1 Box 136-18

City State Zip Code  
Weston WV 26452-9410

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 1 / 1 7 / 2 0 0 6

Transaction ID: 11900935

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Leonard F. Pinto, Jr.

Mailing Address 7 Marie Cir.

City State Zip Code  
Holbrook MA 02343-1462

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 1 / 1 7 / 2 0 0 6

Transaction ID: 11900936

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4640 Main St.

City State Zip Code  
Stratford CT 06614-3634

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 1 / 1 7 / 2 0 0 6

Transaction ID: 11900942

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 13 / 53
	<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. Jerry L. Titko		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 9872 Ziz Zag Rd.		<b>Transaction ID:</b> 11900945	
City Cincinnati	State OH	Zip Code 45242-6311	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>B.</b> Dr. Bradford W. Glass		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 4603 Island Dr.		<b>Transaction ID:</b> 11905526	
City Midland	State TX	Zip Code 79707-1406	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. Peter A. Blume		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 22 Timber Ln.		<b>Transaction ID:</b> 11905532	
City Woodbridge	State CT	Zip Code 06525-1835	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) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 53
	<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. Starlette McLean

Mailing Address 3575 W. Barstow Ave. #216

City State Zip Code  
Fresno CA 93711-6679

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  
01 / 18 / 2006

**Transaction ID:** 11905537

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3165 Gilbert Ridge Rd.

City State Zip Code  
West Bloomfield MI 48322-1836

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  
01 / 18 / 2006

**Transaction ID:** 11905547

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kent L. Magrini

Mailing Address 302 Brownwood Estate

City State Zip Code  
Fort Smith AR 72916-4029

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  
01 / 18 / 2006

**Transaction ID:** 11905548

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 15 / 53
	<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. Stuart A. Courtney

Mailing Address 3590 N. 45th Ave.

City State Zip Code  
Hollywood FL 33021-2450

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 11909551

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen R. Miller

Mailing Address 999 N. Fresno Ave.

City State Zip Code  
Hernando FL 34442-4809

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 11909552

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph H. Strickland

Mailing Address 2990 Longbrooke Way

City State Zip Code  
Clearwater FL 33760-1719

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 11909553

Amount of Each Receipt this Period  
250.00

<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 / 53
	<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. Stephen L. Moss

Mailing Address 6240 Kipps Colony Ct. #205

City	State	Zip Code
Gulfport	FL	33707-3979

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

Name of Employer Self Employed	Occupation Podiatrist
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	6

**Transaction ID:** 11922845

Amount of Each Receipt this Period  
250.00

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

Mailing Address 7442 Paurotis Ct.

City	State	Zip Code
Sarasota	FL	34241-7116

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

Name of Employer Self Employed	Occupation Podiatrist
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	6

**Transaction ID:** 11922846

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Linda L. Alexander

Mailing Address 2376 Foxhaven Dr. W.

City	State	Zip Code
Jacksonville	FL	32224-2010

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

Name of Employer Self Employed	Occupation Podiatrist
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	6

**Transaction ID:** 11922848

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 17 / 53
	<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. Mark Andrew Lambert

Mailing Address 3935 Raintree Dr.

City State Zip Code  
Pensacola FL 32503-3152

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11922849

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert D. Siwicki

Mailing Address 4404 Windlake Dr.

City State Zip Code  
Niceville FL 32578-4813

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11922851

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul Davis Brooks

Mailing Address 56 Blithewood Dr.

City State Zip Code  
Pensacola FL 32514-8193

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923258

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 53
	<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. Tyler B. Brahm

Mailing Address 1950 Sever Dr.

City State Zip Code  
Clearwater FL 33764-4714

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923259

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen D. Lasday

Mailing Address W. Coast Podiatry Center  
1611 53rd Ave. W.

City State Zip Code  
Bradenton FL 34207-2868

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923260

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Douglas A. Jordan, Jr.

Mailing Address 2000 Gandy Blvd. N. #C-47

City State Zip Code  
Saint Petersburg FL 33702-2188

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923261

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 19 / 53
	<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)  
Mr. Michael I. Schwartz

Mailing Address 410 N. Gadsden St.

City State Zip Code  
Tallahassee FL 32301-1215

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

Name of Employer Florida Podiatric Medical Assn. Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923262

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Briant G. Moyles

Mailing Address 651 Franklyn Ave.

City State Zip Code  
Indialantic FL 32903-4603

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923311

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Earl R. Horowitz

Mailing Address 2550 Park St.

City State Zip Code  
Jacksonville FL 32204-4564

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923313

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 20 / 53
	<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. Vincent R. Milione		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 328 Fairway Pointe Cir.		<b>Transaction ID:</b> 11923314	
City Orlando	State FL	Zip Code 32828-8515	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. Scarlett Ann Kinley		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 935 23rd Ave. N.		<b>Transaction ID:</b> 11923315	
City Saint Petersburg	State FL	Zip Code 33704-3225	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. Stephen M. Meritt		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 2636 Forest Point Ct.		<b>Transaction ID:</b> 11923317	
City Jacksonville	State FL	Zip Code 32257-5623	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 21 / 53
	<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. Bradley Charles Haves

Mailing Address 5840 W. Flagler St. #3

City State Zip Code  
Miami FL 33144-3399

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923328

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James G. Strickland

Mailing Address 439 Bay View Dr. N.E.

City State Zip Code  
Saint Petersburg FL 33704-2404

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923329

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. W. Christopher Fleming

Mailing Address 5400 S.W. 28th Ave.

City State Zip Code  
Ocala FL 34474-5845

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923330

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 22 / 53
	<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. Thomas P. Broner

Mailing Address 1354 Pinewood Rd.

City State Zip Code  
Jacksonville Beach FL 32250-2931

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923331

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Dennis R. Frisch

Mailing Address 1070 S.W. 19th St.

City State Zip Code  
Boca Raton FL 33486-6830

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923332

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ira E. Bennett

Mailing Address 1810 Wellness Ln.

City State Zip Code  
New Port Richey FL 34655-5357

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923558

Amount of Each Receipt this Period  
250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 53
	<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. Martin E. Karns		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 6496 San Michel Way		<b>Transaction ID:</b> 11923560
City State Zip Code Delray Beach FL 33484-6967	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. Harold W. Vogler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 7950 Royal Birkdale Cir.		<b>Transaction ID:</b> 11923561
City State Zip Code Bradenton FL 34202-2531	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. Keith J. Kalish		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 2500 Quincy Ave.		<b>Transaction ID:</b> 11923562
City State Zip Code Fort Pierce FL 34947-4766	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 24 / 53
	<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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert T. Kirschenbaum

Mailing Address 3915 Hidden Oaks Ln.

City State Zip Code  
Melbourne FL 32934-7738

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 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11923564

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Barry L. Efron

Mailing Address 2563 Spreading Oaks Ln.

City State Zip Code  
Jacksonville FL 32223-6535

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 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11924060

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul A. Sommer

Mailing Address Boca Podiatry Group  
1353 W. Palmetto Rd.

City State Zip Code  
Boca Raton FL 33486

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 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11924061

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 25 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. William Joseph Namen, II

Mailing Address 6936 Madrid Ave.

City State Zip Code  
Jacksonville FL 32217-2681

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 11924062

Amount of Each Receipt this Period  
300.00

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

Mailing Address 2246 Hwy. 44 W.

City State Zip Code  
Inverness FL 34453-3808

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 11924063

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven M. Spinner

Mailing Address 1031 Coralina Ln.

City State Zip Code  
Delray Beach FL 33483-6792

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 11924064

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 53
	<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. Sheldon Willens		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 2150 S. Ocean Blvd. #3A		<b>Transaction ID:</b> 11924081	
City State Zip Code Delray Beach FL 33483-6444	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. Timothy Tillo		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 11808-2 San Jose Blvd.		<b>Transaction ID:</b> 11924082	
City State Zip Code Jacksonville FL 32223-1885	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Joseph E. Kiefer		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 4561 Canopy Rd.		<b>Transaction ID:</b> 11924084	
City State Zip Code Pensacola FL 32504-7801	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) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 53
	<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. Mark S. Block		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 660 Glades Rd. #120		Transaction ID: 11924085
City State Zip Code Boca Raton FL 33431-6466	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. Roberta Giudice-Teller		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 2244 N.W. 9th Pl.		Transaction ID: 11924086
City State Zip Code Gainesville FL 32605-5202	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Michael H. Rotstein		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 2632 S.E. 29th Ln.		Transaction ID: 11924109
City State Zip Code Ocala FL 34471-6276	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) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 53
	<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. Howard J. Groshell

Mailing Address 2236 Park St.

City State Zip Code  
Jacksonville FL 32204-4316

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 11924110

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mary Catherine Rellahan-Groshell

Mailing Address 2308 Greenside Ct.

City State Zip Code  
Ponte Vedra Beach FL 32082-3700

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 11924111

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jack J. Cohen

Mailing Address 4545 N. Jefferson Ave.

City State Zip Code  
Miami Beach FL 33140-2937

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 11924112

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 53
	<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. William J. Beaton, Jr.

Mailing Address 283 104th Ave. #106

City State Zip Code  
Treasure Island FL 33706-4828

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11924113

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Barney A. Greenberg

Mailing Address 16283 Cayuga Cir.

City State Zip Code  
Davie FL 33331-2155

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11924115

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gary F. Stones

Mailing Address 134 Hayes St.

City State Zip Code  
Garden City NY 11530-1001

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929837

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 53
	<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. Michael J. King		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 176 Sweet Farm Rd.		<b>Transaction ID:</b> 11929840	
City Portsmouth	State RI	Amount of Each Receipt this Period 500.00	
Zip Code 02871-1291		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Podiatrist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Mark Edward Yuska		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 1232 Edgewood Dr.		<b>Transaction ID:</b> 11929841	
City Thief River Falls	State MN	Amount of Each Receipt this Period 300.00	
Zip Code 56701-3327		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 ▼ 300.00			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John Thomas Callahan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 779 Hazeltine Ave. SE		<b>Transaction ID:</b> 11929843	
City Salem	State OR	Amount of Each Receipt this Period 250.00	
Zip Code 97306-9353		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) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 53
	<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. Marc A. Lederman

Mailing Address 6 Livingston Rd.

City State Zip Code  
Collinsville CT 06019-3050

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID: 11929844**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lloyd S. Smith

Mailing Address 65 Hartman Rd.

City State Zip Code  
Newton Center MA 02459-3035

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID: 11929848**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brent Martin Harwood

Mailing Address 20930 S.R. 181

City State Zip Code  
Daphne AL 36526

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID: 11929852**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 53
	<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. Jeffrey W. Muir

Mailing Address 319 N. Abington Rd.

City State Zip Code  
Clarks Green PA 18411-2396

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929855

Amount of Each Receipt this Period  
250.00

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

Mailing Address Podiatry Associates  
1084 S. Ribaut Rd. #A

City State Zip Code  
Beaufort SC 29902-5437

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929858

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1 Debbie Ct.

City State Zip Code  
Dix Hills NY 11746-5601

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929863

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 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David K. Minton

Mailing Address 4705 Barclay Square

City State Zip Code  
Roanoke VA 24018-1647

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 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929866

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2315 Freysville Rd.

City State Zip Code  
Red Lion PA 17356-8263

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 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929867

Amount of Each Receipt this Period  
250.00

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

Mailing Address 25955 Wellington Ct.

City State Zip Code  
Calabasas CA 91302-3124

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 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929869

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 34 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 21 Inverness Ln.

City State Zip Code  
Newport Beach CA 92660-5110

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929870

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4N 916 Middlecreek Ln.

City State Zip Code  
Saint Charles IL 60175

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929871

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gregory T. Amarantos

Mailing Address 1291 Lawrence

City State Zip Code  
Lake Forest IL 60045-3639

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

**Transaction ID:** 11929872

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 35 / 53
	<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. Alan J. Discont		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 9068 E. Havasupai Dr.		<b>Transaction ID:</b> 11929873	
City State Zip Code Scottsdale AZ 85255-9126	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. Todd Damien O'Brien		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address P.O. Box 391		<b>Transaction ID:</b> 11929874	
City State Zip Code West Enfield ME 04493-0391	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. Michael A. Figura		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 5 Deerfield Ridge Rd.		<b>Transaction ID:</b> 11929875	
City State Zip Code Chesterfield MO 63005-6201	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 36 / 53
	<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. John F. Grady

Mailing Address 7605 Ridgewood Ln.

City State Zip Code  
Burr Ridge IL 60527-8024

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 11929876

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. W. Joseph Barrett

Mailing Address 1901 S. Union Ave. #A310

City State Zip Code  
Tacoma WA 98405-1704

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 6

Transaction ID: 11929877

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Maureen L. Crotty

Mailing Address 3847 S. Troost

City State Zip Code  
Tulsa OK 74105-3326

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: 11929891

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 37 / 53
	<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. Matthew A. Parmenter

Mailing Address 1345 Mercedes Dr.

City State Zip Code  
Bloomington IN 47401-8817

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 11929892

Amount of Each Receipt this Period  
250.00

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

Mailing Address The Foot Care Center  
132 N. Gould

City State Zip Code  
Sheridan WY 82801-3055

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 11929898

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard W. S. Johnson

Mailing Address 5184 Osceola Ave.

City State Zip Code  
Saint Augustine FL 32080-7190

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 11929914

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 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address Falmouth Podiatry  
342A Gifford St.

City Falmouth State MA Zip Code 02540-2948

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 11929925

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James Q. McClelland

Mailing Address 2002 12th Ave N.W. #F

City Ardmore State OK Zip Code 73401-1206

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 11929928

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John V. Simons

Mailing Address 6321 Southwinds Dr.

City North Little Rock State AR Zip Code 72118-5201

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 6

Transaction ID: 11930115

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 39 / 53
	<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. Ronald A. Maskarinec

Mailing Address 109 Oak Pointe Dr.

City State Zip Code  
Cherryville NC 28021-9304

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  
01 / 19 / 2006

**Transaction ID:** 11930118

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jay D. Lifshen

Mailing Address 5706 Windmier Cir.

City State Zip Code  
Dallas TX 75252-5007

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2006

**Transaction ID:** 11930122

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Christopher Joseph Gauland

Mailing Address 3703 Bach Cir.

City State Zip Code  
Greenville NC 27858-5344

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  
01 / 19 / 2006

**Transaction ID:** 11930123

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 53
	<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. R. Craig Martin

Mailing Address 6250 Clearview Rd.

City State Zip Code  
Dover PA 17315-3206

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

Name of Employer Self Employed Occupation  
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 1 / 1 9 / 2 0 0 6

**Transaction ID:** 11930124

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3 E. Walinca Walk

City State Zip Code  
Clayton MO 63105-2006

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 11931990

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. S. Ronald Miller

Mailing Address 14 Courtleigh Pl.

City State Zip Code  
Reading PA 19606-2941

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 11931991

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 41 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Plotkin

Mailing Address 162 Old Short Hills Rd.

City State Zip Code  
Short Hills NJ 07078-2122

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 11931995

Amount of Each Receipt this Period  
500.00

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

Mailing Address AR Foot & Ankle Clinic  
1417 W. 6th St.

City State Zip Code  
Little Rock AR 72201-2929

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 11931997

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert W. Tinsley, III

Mailing Address 3465 Shady Run Rd.

City State Zip Code  
Melbourne FL 32934-8569

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 11932007

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 42 / 53
	<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. Benedict C. Valentine, II

Mailing Address 206 Coldbrook Rd.

City State Zip Code  
South Glastonbury CT 06073-2703

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  
01 / 24 / 2006

Transaction ID: 11932009

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Devang C. Patel

Mailing Address 520 West Ave.

City State Zip Code  
Norwalk CT 06850-4007

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 ▼  
500.00

Date of Receipt  
01 / 24 / 2006

Transaction ID: 11932010

Amount of Each Receipt this Period  
500.00

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

Mailing Address 166 Greenwood Dr.

City State Zip Code  
South Windsor CT 06074-2910

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 24 / 2006

Transaction ID: 11932011

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 53
	<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. Thomas V. Johnson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 289 Main St.		Transaction ID: 11932012	
City State Zip Code Suffield CT 06078-1332	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. Brian P. Deschamps		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 351 Merline Rd. #101		Transaction ID: 11932013	
City State Zip Code Vernon Rockville CT 06066-4043	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Troy James Boffeli		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 2648 Town Lake Dr.		Transaction ID: 11932026	
City State Zip Code Woodbury MN 55125-8702	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 44 / 53
	<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. John E. Cann		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 586 Washington St.		<b>Transaction ID:</b> 11932031	
City State Zip Code Vermilion OH 44089-1079	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. Harvey S. Karpo		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 1420 Woodlane Dr.		<b>Transaction ID:</b> 11939716	
City State Zip Code Westville NJ 08093-1727	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. Matthew L. Burrell		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 133 Rappentak Dr. Box 427		<b>Transaction ID:</b> 11939717	
City State Zip Code Fryeburg ME 04037	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) ..... ▶	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 45 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edward Fryman

Mailing Address 34 Colgate Dr.

City State Zip Code  
Plainview NY 11803-1804

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 1 / 2 5 / 2 0 0 6

**Transaction ID:** 11939724

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James S. Chrzan

Mailing Address 15 Triphammer Rd.

City State Zip Code  
Hingham MA 02043-2984

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 1 / 2 5 / 2 0 0 6

**Transaction ID:** 11939727

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Roy R. DeFrancis

Mailing Address 66 Brantwood Rd.

City State Zip Code  
Snyder NY 14226-4303

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 1 / 2 5 / 2 0 0 6

**Transaction ID:** 11939728

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 46 / 53
	<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. Neal J. Katz

Mailing Address 5 Pinehurst Cir.

City State Zip Code  
Madison WI 53717-1142

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: 11939740

Amount of Each Receipt this Period  
250.00

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

Mailing Address 615 E. Broad St.

City State Zip Code  
Tamaqua PA 18252-2206

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: 11939741

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Sylvia Virbulis

Mailing Address Piedmont Foot & Ankle Care  
316 S. Church St.

City State Zip Code  
Salisbury NC 28144-4930

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

Name of Employer Piedmont Foot & Ankle Care Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 6

Transaction ID: 11944987

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 47 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Donald R. Blum		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 6416 Wickerwood		<b>Transaction ID:</b> 11944990	
City State Zip Code Dallas TX 75248-2901	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. Bradley Don Beasley		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 1705 W. Montpelier St.		<b>Transaction ID:</b> 11947135	
City State Zip Code Broken Arrow OK 74012-8597	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. Harvey D. Lederman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 12 Biltmore Park		<b>Transaction ID:</b> 11947141	
City State Zip Code Bloomfield CT 06002-2141	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 53
	<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. Carlos Hernandez-Ortiz		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address Urb. Quintas Del Norte D-6 2nd Street		<b>Transaction ID:</b> 11947146	
City Bayamon	State PR	Amount of Each Receipt this Period 250.00	
Zip Code 00961			
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. Anthony P. Tocco		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 700 Riverside Dr.		<b>Transaction ID:</b> 11947153	
City Ormond Beach	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 32176-7814			
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. Bruce G. Fawcett		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 1302 Mayfair		<b>Transaction ID:</b> 11947157	
City Raleigh	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 27608-1940			
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 49 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Guggenheim

Mailing Address 1063 Wylie Rd.

City State Zip Code  
West Chester PA 19382-8129

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  
01 / 31 / 2006

**Transaction ID:** 11947158

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Terry J. Boykoff

Mailing Address 3714 Park Colony Ct.

City State Zip Code  
Agoura Hills CA 91301-3635

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 ▼ 999.99

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2006

**Transaction ID:** 11948378

Amount of Each Receipt this Period  
999.99

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kile W. Kinney

Mailing Address 3552 Carnoustie Dr.

City State Zip Code  
Martinez GA 30907-9504

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  
01 / 31 / 2006

**Transaction ID:** 11948381

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1499.99
<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 50 / 53	
	(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"/> 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. Carolyn Kay Stansberry

Mailing Address Queen City Medical Center  
1420 N. 10th St.

City State Zip Code  
Spearfish SD 57783-1532

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

Name of Employer Self Employed Occupation  
Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 11949785

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	46999.99

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 53
	(check only one)	
<input 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 checked="" 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)  
Stephanie Tubbs Jones For Us Congress

Mailing Address 3729 Silsby Rd

City State Zip Code  
University Heights OH 44118

FEC ID number of contributing federal political committee. **C** C00334151

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 2006 Primary Elec-  
 tion

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	0	6

Transaction ID: 11854312

Amount of Each Receipt this Period  
1000.00

Lost check

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 53

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank, N.A.</b>		Transaction ID: 12780390 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 35.88
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Investment Account, Interest/Dividends</b>		Transaction ID: 12022923 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address 100 Light St., 19th Floor		Amount of Each Disbursement this Period 410.89
City Baltimore State MD Zip Code 21202-1036	Interest Expense	
Purpose of Disbursement Interest Expense Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Wachovia Bank, N.A.</b>		Transaction ID: 12780391 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 151.00
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	597.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	597.77

**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. Stephanie Tubbs Jones For Us Congress</b>		Transaction ID: 11854314 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 3729 Silsby Rd		Amount of Each Disbursement this Period 1000.00
City University Heights State OH Zip Code 44118	011 Category/ Type	
Purpose of Disbursement Re-issue for lost check		Re-issue for lost check
Candidate Name Rep. Stephanie Tubbs Jones		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: OH District: 11		

Full Name (Last, First, Middle Initial) <b>B. Congressman Joe Barton Committee, The</b>		Transaction ID: 11875283 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 3000.00
City Ennis State TX Zip Code 75120	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		2006 Primary Election
Candidate Name Rep. Joe L. Barton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: TX District: 6		

Full Name (Last, First, Middle Initial) <b>C. Congressman Joe Barton Committee, The</b>		Transaction ID: 11875344 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 2000.00
City Ennis State TX Zip Code 75120	011 Category/ Type	
Purpose of Disbursement 2006 General Election		2006 General Election
Candidate Name Rep. Joe L. Barton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	6000.00