

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2005 through 08 31 2005

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

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

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		284106.18
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	376770.32									
(c) Total Receipts (from Line 19) .....	24284.06	315466.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	401054.38	599572.82								
7. Total Disbursements (from Line 31) .....	32779.67	231298.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	368274.71	368274.71								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11000.00	191471.88
(i) Itemized (use Schedule A) .....	13070.00	122315.00
(ii) Unitemized .....	24070.00	313786.88
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24070.00	313786.88
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	214.06	1179.76
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)) .....	24284.06	315466.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24284.06	315466.64

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	988.44	8963.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	988.44	8963.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31791.23	222056.57
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	250.00
29. Other Disbursements.....	0.00	27.86
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32779.67	231298.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	32779.67	231298.11

**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 .....	24070.00	313786.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24070.00	313536.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	988.44	8963.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	988.44	8963.68

**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 / 28
	<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. Brian D. Gale		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 5	
Mailing Address 2418 Coolidge Ave.		Transaction ID: 11420332	
City State Zip Code Bismarck ND 58501-2261	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. Marc Robert Frankel		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5	
Mailing Address 39 Stonehedge Dr.		Transaction ID: 11422960	
City State Zip Code Stockholm NJ 07460-1101	Amount of Each Receipt this Period 100.00		
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 ▼ 299.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Melchoir P. Vallone		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 5	
Mailing Address Achilles Podiatry Center 5129 Garfield St.		Transaction ID: 11422961	
City State Zip Code La Mesa CA 91941-5103	Amount of Each Receipt this Period 300.00		
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 ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<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. Bernard Coppolelli

Mailing Address 15 Osprey Dr.

City Coventry State RI Zip Code 02816-6820

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 ▼ 201.00

Date of Receipt  
08 / 05 / 2005

Transaction ID: 11426843

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Glenn Meyer

Mailing Address 10612 Convo Ct.

City Cincinnati State OH Zip Code 45242-3201

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  
08 / 04 / 2005

Transaction ID: 11426850

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven J. Bennett

Mailing Address 2400 W. 43rd St. PI.

City Kearney State NE Zip Code 68845-1219

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  
08 / 09 / 2005

Transaction ID: 11427005

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<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. Stephen Michael Connelly		Date of Receipt M M / D D / Y Y Y Y Y 08 / 09 / 2005
Mailing Address 3236 Randy Rd.		<b>Transaction ID:</b> 11427008
City State Zip Code Lancaster PA 17601-1408	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. Robert C. Brace		Date of Receipt M M / D D / Y Y Y Y Y 08 / 09 / 2005
Mailing Address 2000 N. 8th St.		<b>Transaction ID:</b> 11452421
City State Zip Code McAllen TX 78501-2263	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. Robert O. McCabe		Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2005
Mailing Address 124 Saratoga Rd.		<b>Transaction ID:</b> 11452877
City State Zip Code Scotia NY 12302-4114	Amount of Each Receipt this Period 200.00	
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 ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<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. Tenczar		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 5
Mailing Address 7036 W. Howard Ave.		<b>Transaction ID:</b> 11453273
City State Zip Code Des Plaines IL 60016	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Podiatrist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael H. Herbst		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address 972 Farm Haven Dr.		<b>Transaction ID:</b> 11453291
City State Zip Code Rockville MD 20852-4213	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Podiatrist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Chris C. Panagoulas		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 2 / 2 0 0 5
Mailing Address 30 Bates Dr.		<b>Transaction ID:</b> 11453292
City State Zip Code Nashua NH 03064-1701	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed Occupation Podiatrist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<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. Robert L. Potempa		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 1032 Kent		<b>Transaction ID:</b> 11453301	
City State Zip Code Park Ridge IL 60068-5118	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. Charles M. Lombardi		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2005	
Mailing Address 166-02 12th Rd.		<b>Transaction ID:</b> 11453302	
City State Zip Code Beechhurst NY 11357-2806	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. Edward Fryman		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2005	
Mailing Address 34 Colgate Dr.		<b>Transaction ID:</b> 11453681	
City State Zip Code Plainview NY 11803-1804	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<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 11 / 28
	<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. Darrell Duane Prins		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2005	
Mailing Address 3200 N.E. 30th St.		<b>Transaction ID:</b> 11453682	
City State Zip Code Lincoln City OR 97367-5105	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Charles S. Churchwell, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 18 / 2005	
Mailing Address 7 Stonebriar Way		<b>Transaction ID:</b> 11453683	
City State Zip Code Frisco TX 75034-5938	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Patrick Ross Crawford		Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2005	
Mailing Address P.O. Box 8208		<b>Transaction ID:</b> 11454137	
City State Zip Code Amarillo TX 79114-8208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Self Employed Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 28
	<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. Kenneth Wichman

Mailing Address Manchester Podiatry Center  
117 E. Center St.

City Manchester State CT Zip Code 06040-5203

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  
08 / 15 / 2005

Transaction ID: 11454139

Amount of Each Receipt this Period  
150.00

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

Mailing Address 608 Emmett Creek Ln.

City Lexington State KY Zip Code 40515-6068

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  
08 / 18 / 2005

Transaction ID: 11454240

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Cary M. Golub

Mailing Address 19 Melby Ln.

City Roslyn State NY Zip Code 11576-2510

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  
08 / 18 / 2005

Transaction ID: 11454596

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 28
	<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. Gary S. Kaplan

Mailing Address 5824 Dunmore Dr.

City State Zip Code  
West Bloomfield MI 48322-1614

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  
MM / DD / YYYY  
08 / 18 / 2005

**Transaction ID:** 11454601

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph A. Crisafulli

Mailing Address 120 Russell Rd.

City State Zip Code  
Albany NY 12205-1950

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

Name of Employer Self Employed Occupation  
Self Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2005

**Transaction ID:** 11454602

Amount of Each Receipt this Period  
300.00

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

Mailing Address 4445 Stoneview

City State Zip Code  
West Bloomfield MI 48322-3497

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  
MM / DD / YYYY  
08 / 18 / 2005

**Transaction ID:** 11454606

Amount of Each Receipt this Period  
300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28
	<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. Gregory W. Bryan

Mailing Address American Foot Health Specialist  
2508 Bert Kouns #204

City State Zip Code  
Shreveport LA 71118-6109

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  
08 / 18 / 2005

Transaction ID: 11454608

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Brian A. Dechowitz

Mailing Address 127 Pine St.

City State Zip Code  
Harrisburg PA 17101-1240

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  
08 / 18 / 2005

Transaction ID: 11454609

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark E. Pinker

Mailing Address Pinker & Associates  
47 Brookwood Ave.

City State Zip Code  
Carlisle PA 17013-9126

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 ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2005

Transaction ID: 11454610

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 15 / 28
	<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. Eric Ward		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 9 / 2 0 0 5	
Mailing Address 2950 Senna Dr.		<b>Transaction ID:</b> 11454611	
City State Zip Code Matthews NC 28105-6722	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Joel M. Lerner		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 5	
Mailing Address 4 Wilderness Trl.		<b>Transaction ID:</b> 11455370	
City State Zip Code Warren NJ 07059-5514	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Carlos F. Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 5	
Mailing Address 2026 W. Hunt Ave.		<b>Transaction ID:</b> 11456705	
City State Zip Code Chicago IL 60620-5434	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 28
	<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. Eugene E. Spector

Mailing Address 1291 Crestview Dr.

City State Zip Code  
San Carlos CA 94070-4237

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  
08 / 22 / 2005

**Transaction ID: 11456708**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jenny Lind Hall

Mailing Address 110 S. Pineview Ave.

City State Zip Code  
Goldsboro NC 27530-5138

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  
08 / 19 / 2005

**Transaction ID: 11456715**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael C. Saldino

Mailing Address 3708 Pinoak St.

City State Zip Code  
Texarkana TX 75503-1421

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  
08 / 22 / 2005

**Transaction ID: 11465051**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 28
	<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. Glenn A. Ocker

Mailing Address 1729 Eastgate Ave.

City Upland State CA Zip Code 91784-9211

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 ▼ 800.00

Date of Receipt  
08 / 25 / 2005

Transaction ID: 11465537

Amount of Each Receipt this Period  
300.00

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

Mailing Address 11321 Berger Ter.

City Potomac State MD Zip Code 20854-2017

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt  
08 / 26 / 2005

Transaction ID: 11469343

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Steven B. Epstein

Mailing Address 1609 Ridgeway Dr.

City Hewlett State NY Zip Code 11557-1820

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  
08 / 31 / 2005

Transaction ID: 11480407

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</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 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Richard Chwastiak Mailing Address 615 E. Broad St. City Tamaqua State PA Zip Code 18252-2206 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 5 <b>Transaction ID:</b> 11480490 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Joseph C. D'Amico Mailing Address 333 W. 57th St. City New York State NY Zip Code 10019-3159 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 6 / 2 0 0 5 <b>Transaction ID:</b> 11480503 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Aniello Scotti Jr., Jr. Mailing Address 22 Alcolade Dr. W. City Shirley State NY Zip Code 11967-3702 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> 11481218 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 28	
	(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. Alan K. Mauser

Mailing Address 425 S. Sherrin Ave.

City State Zip Code  
Louisville KY 40207-3817

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  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	5

Transaction ID: 11481232

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1100.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 28	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Investment Account, Interest/Dividends

Mailing Address 100 Light St., 19th Floor

City	State	Zip Code
Baltimore	MD	21202-1036

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

Name of Employer Citigroup Global Markets, Inc.	Occupation Investment Firm
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1179.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	5

**Transaction ID:** 11534988

Amount of Each Receipt this Period

214.06
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	214.06
<b>TOTAL</b> This Period (last page this line number only) .....	▶	214.06

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 12780353 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement Bank Fees	Category/ Type 001	Bank Fees
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 12780354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 19.00
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement Bank Fees	Category/ Type 001	Bank Fees
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 12780355 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 168.87
City Charlotte State NC Zip Code 28262-3966		
Purpose of Disbursement Bank Fees	Category/ Type 001	Bank Fees
Candidate Name		
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) ..... ▶	192.37
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank, N.A.</b>		<b>Transaction ID: 12780356</b>	
Mailing Address NC8502 PO Box 563966		Date of Disbursement MM / DD / YYYY 08 / 02 / 2005	
City Charlotte	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period 621.01
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		Bank Fees	

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank, N.A.</b>		<b>Transaction ID: 12780357</b>	
Mailing Address NC8502 PO Box 563966		Date of Disbursement MM / DD / YYYY 08 / 08 / 2005	
City Charlotte	State NC	Zip Code 28262-3966	Amount of Each Disbursement this Period 175.06
Purpose of Disbursement Bank Fees	<input type="text" value="001"/> Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		Bank Fees	

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

**796.07**

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

**988.44**

**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 23 / 28

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Conrad Burns</b>		Transaction ID: 11425876 Date of Disbursement 08 / 08 / 2005	
Mailing Address P.O. Box 3311		Amount of Each Disbursement this Period 2000.00	
City Billings State MT Zip Code 59103	Purpose of Disbursement 2006 Primary Election Candidate Name Senator Conrad Burns	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

Full Name (Last, First, Middle Initial) <b>B. Hulshof for Congress</b>		Transaction ID: 11425877 Date of Disbursement 08 / 08 / 2005	
Mailing Address P.O. Box 1621		Amount of Each Disbursement this Period 1000.00	
City Columbia State MO Zip Code 65205	Purpose of Disbursement 2006 Primary Election Candidate Name Mr. Kenny Hulshof	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

Full Name (Last, First, Middle Initial) <b>C. Jim Ramstad Volunteer Committee</b>		Transaction ID: 11524548 Date of Disbursement 08 / 10 / 2005	
Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 654.98	
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement (In-Kind) Inkind - 2006 General Election Candidate Name Rep. Jim M. Ramstad	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(In-Kind) Inkind - 2006 General Election	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3654.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 28

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

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

Full Name (Last, First, Middle Initial) <b>A. Pallone For Congress</b>		Transaction ID: 11433757 Date of Disbursement 08 / 12 / 2005	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type 2006 Primary Election

Full Name (Last, First, Middle Initial) <b>B. Jim Ramstad Volunteer Committee</b>		Transaction ID: 11463681 Date of Disbursement 08 / 12 / 2005	
Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 5000.00	
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Jim M. Ramstad Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type 2006 Primary Election

Full Name (Last, First, Middle Initial) <b>C. Boozman For Congress</b>		Transaction ID: 11433754 Date of Disbursement 08 / 12 / 2005	
Mailing Address PO Box 671		Amount of Each Disbursement this Period 1000.00	
City Rogers State AR Zip Code 72757	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. John N. Boozman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type 2006 Primary Election

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 28

<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. Tim Bishop For Congress</b>		<b>Transaction ID:</b> 11433756 Date of Disbursement 08 / 12 / 2005
Mailing Address PO Box 437		Amount of Each Disbursement this Period 1000.00
City Farmingville State NY Zip Code 11738	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Timothy Bishop Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) <b>B. Friends Of Sherrod Brown</b>		<b>Transaction ID:</b> 11524550 Date of Disbursement 08 / 13 / 2005
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1636.25
City Washington State DC Zip Code 20005	Purpose of Disbursement (In-Kind) Inkind - 2006 General Election Candidate Name Rep. Sherrod Brown Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	(In-Kind) Inkind - 2006 General Election

Full Name (Last, First, Middle Initial) <b>C. Johnson For Congress Committee</b>		<b>Transaction ID:</b> 11454984 Date of Disbursement 08 / 22 / 2005
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Nancy L. Johnson Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3636.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 28

<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. Castle Campaign Fund</b>		<b>Transaction ID: 11454983</b> Date of Disbursement 08 / 22 / 2005	
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 1000.00	
City Wilmington State DE Zip Code 19899	Purpose of Disbursement 2006 General Election Candidate Name Rep. Michael N. Castle Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 2006 General Election

Full Name (Last, First, Middle Initial) <b>B. Chambliss For Senate</b>		<b>Transaction ID: 11454980</b> Date of Disbursement 08 / 22 / 2005	
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 1000.00	
City Atlanta State GA Zip Code 30355	Purpose of Disbursement 2008 Primary Election Candidate Name Sen. Saxby Chambliss Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 1	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	Category/ Type 011 2008 Primary Election

Full Name (Last, First, Middle Initial) <b>C. Friends Of Mike Ferguson</b>		<b>Transaction ID: 11454982</b> Date of Disbursement 08 / 22 / 2005	
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 2000.00	
City Colonia State NJ Zip Code 07067	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Mike Ferguson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 2006 Primary Election

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. Freedom Fund</b>		<b>Transaction ID:</b> 11454981 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 5
Mailing Address 1155 21st. Street, NW Suite 300		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20036	2005 Contribution	
Purpose of Disbursement 2005 Contribution Candidate Name		011 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. Searchlight Leadership Fund</b>		<b>Transaction ID:</b> 11459972 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 5
Mailing Address 818 Connecticut Ave., NW Suite 1100		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006	2005 Contribution	
Purpose of Disbursement 2005 Contribution Candidate Name		011 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. Friends Of Craig Thomas</b>		<b>Transaction ID:</b> 11472507 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5
Mailing Address 3907 Dorsel Ct		Amount of Each Disbursement this Period 5000.00
City Casper State WY Zip Code 82609	2010 Primary Election	
Purpose of Disbursement 2010 Primary Election Candidate Name Craig Thomas		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Electio

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 28

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** Schwarz For Congress

Mailing Address Post Office Box 2063

City State Zip Code  
Battle Creek MI 49016

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. John Schwarz, M.D.

Office Sought:  House  
 Senate  
 President

State: MI District: 7

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 11472506

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2006 Primary Election

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

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