

**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)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

X

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)

X 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 (12S)

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

12

01

2005

through

12

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

01

31

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.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^{MM}12 ^{YY}01 ^{YYYY}2005 To: ^{MM}12 ^{YY}31 ^{YYYY}2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{YYYY} 2005		284106.18
(b) Cash on Hand at Beginning of Reporting Period	285003.63	
(c) Total Receipts (from Line 19)	14280.58	403269.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	299284.21	687375.77
7. Total Disbursements (from Line 31)	7648.17	395739.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	291636.04	291636.04
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M12 ⁻01 ⁻2005 To: ^M12 ⁻31 ⁻2005

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		
(i) Itemized (use Schedule A)	5100.00	226145.88
(ii) Unitemized	7203.50	172815.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))	12303.50	398961.38
(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)	12303.50	398961.38
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)	270.00	270.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1707.08	3538.21
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))	14280.58	403269.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14280.58	403269.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	648.17	1088.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	648.17	1088.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	394372.66
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	27.66
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 ActMty (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))..	7648.17	395739.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	7648.17	395739.73

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

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)	12303.50	398961.38
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12303.50	398711.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	648.17	1088.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	270.00	270.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	378.17	818.99

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

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

FOR LINE NUMBER: PAGE 6/18

(check only one)

11a 11b 11c 12
13 14 15 16 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) A. Dr. Henry M. Asin		Date of Receipt M / D / Y 12 / 12 / 2005
Mailing Address 1242 Westchester Dr.		Transaction ID: 11807991
City Oklahoma City	State OK	Zip Code 73114-1215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William K. Oliver, III		Date of Receipt M / D / Y 12 / 13 / 2005
Mailing Address Greater Lafayette Foot Care 415 N. 28th St. #308		Transaction ID: 11808696
City Lafayette	State IN	Zip Code 47904-2893
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Patrick J. Evoy		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 611B1 Ridge Falls Pl.		Transaction ID: 11813895
City Bend	State OR	Zip Code 97702-2324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	475.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. C. Michael Irvin		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 31 Blair Ct		Transaction ID: 11811046
City Waynesburg	State PA	Zip Code 15370-8246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Terrence Klamak		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 1849 Shiloh Valley		Transaction ID: 11813882
City Chesterfield	State MO	Zip Code 63005-8420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Paula F. Ravgalla		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 31 Blair Ct		Transaction ID: 11811044
City Waynesburg	State PA	Zip Code 15370-8246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert A. Sampson		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 10535 N.E. Glisan St. #36D		Transaction ID: 11813891
City Portland	State OR	Zip Code 97220-4076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Fadi Elias Melek		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address P.O. Box 126		Transaction ID: 11813899
City Winchester	State OR	Zip Code 97485-0126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Manny May		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 1404 Boca Raton Dr.		Transaction ID: 11813893
City Lake Oswego	State OR	Zip Code 97034-1618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

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13 14 15 16 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) A. Dr. Patricia Eileen Cain		Date of Receipt M / D / Y 12 / 14 / 2005
Mailing Address 1414 S.E. Oak St.		Transaction ID: 11813897
City Portland	State OR	Zip Code 97214-1430
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Donald W. Adams		Date of Receipt M / D / Y 12 / 15 / 2005
Mailing Address 10 Morgans Way		Transaction ID: 11813823
City Holliston	State MA	Zip Code 01746-2249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph R. Selter		Date of Receipt M / D / Y 12 / 16 / 2005
Mailing Address 2708 McGraw Dr.		Transaction ID: 11816717
City Bloomington	State IL	Zip Code 61704-6087
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	525.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 10 / 18

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Bradford J. Unroe		Date of Receipt M / D / Y 12 / 10 / 2005
Mailing Address 2818 Riedling Dr.		Transaction ID: 11816690
City Louisville	State KY	Zip Code 40206-1413
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph W. Reynolds		Date of Receipt M / D / Y 12 / 21 / 2005
Mailing Address 1295 Richard Smith Ave.		Transaction ID: 11830127
City Tulare	State CA	Zip Code 93274-8026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard Skrip		Date of Receipt M / D / Y 12 / 22 / 2005
Mailing Address 551 Beechwood Dr.		Transaction ID: 11854297
City London	State KY	Zip Code 40744-8498
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael K. Black		Date of Receipt M / D / Y 12 / 22 / 2005
Mailing Address 335 Chestnut Hill Rd. #A		Transaction ID: 11827859
City Forest Hill	State MD	Zip Code 21050-1507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clinton R. Lowery		Date of Receipt M / D / Y 12 / 28 / 2005
Mailing Address 161 Darlene Dr.		Transaction ID: 11852567
City Coraopolis	State PA	Zip Code 15108-9354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Angela Pinkston-Ayson		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 5504 S. 44th St.		Transaction ID: 11854304
City Lowell	State AR	Zip Code 72745-8105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 12 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John E. Castle		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2893 Elk Ln.		Transaction ID: 11854307
City Grants Pass	State OR	Zip Code 97527-7126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lyndon G. Johansen		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 2025 S.W. Daybreak Way		Transaction ID: 11854310
City Troutdale	State OR	Zip Code 97060-4468
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William G. Coates, Jr.		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 407 Ridge Rd.		Transaction ID: 11855839
City Pochontas	State AR	Zip Code 72455-1405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Harold B. Glickman		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 11321 Berger Ter.		Transaction ID: 11900665
City Potomac	State MD	Zip Code 20854-2017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ronald S. Markizon		Date of Receipt M / D / Y 12 / 31 / 2005
Mailing Address 2443 Mandiam Ave.		Transaction ID: 11865640
City Vineland	State NJ	Zip Code 08360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	575.00
TOTAL This Period (last page this line number only)	▶	5100.00

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

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

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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) A. Ohio POD MED ASSN		Date of Receipt M / D / Y 12 / 30 / 2005
Mailing Address 831 D McKittrick Blvd.		Transaction ID: 11856319
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 270.00
Name of Employer OHIO PODIATRIC MEDICAL AS- SOCIATION	Occupation	Refund of Check #1807
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	270.00
TOTAL This Period (last page this line number only)	▶	270.00

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

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

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

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

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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. Investment Account, Interest/Dividends	Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476	M / D / Y 12 / 31 / 2005
City State Zip Code Baltimore MD 21202-1036	Transaction ID: 11875161
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1707.08
Name of Employer Laggi Mason Wood Walker, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼ 3538.21

SUBTOTAL of Receipts This Page (optional)	▶	1707.08
TOTAL This Period (last page this line number only)	▶	1707.08

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		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. Ohio POD MED ASSN		Transaction ID: 11856315 Date of Disbursement 12 / 12 / 2005	
Mailing Address 6310 McKittrick Blvd.		Amount of Each Disbursement this Period 270.00	
City Columbus State OH Zip Code 43235	Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼	003 Category/ Type

Full Name (Last, First, Middle Initial) B. Investment Account, Interest/Dividends		Transaction ID: 11875167 Date of Disbursement 12 / 31 / 2005	
Mailing Address 100 Light St., 10th Floor P.O. Box 1476		Amount of Each Disbursement this Period 376.17	
City Baltimore State MD Zip Code 21202-1036	Purpose of Disbursement Investment Interest Expense Candidate Name	Disbursement For: Primary General Other (specify) ▼	001 Category/ Type
Office Sought: House Senate President State: District	Investment Interest Expense		

SUBTOTAL of Disbursements This Page (optional)	▶	648.17
TOTAL This Period (last page this line number only)	▶	648.17

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends Of Hillary		Transaction ID: 11793572 Date of Disbursement 12 / 05 / 2005	
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Sen. Hillary Rodham Clinton	Office Sought: House X Senate President State: NY District 2		
Disbursement For: 2006 Primary General X Other (specify) ▼ 2006 Primary Electio			

Full Name (Last, First, Middle Initial) B. Friends Of Hillary		Transaction ID: 11793573 Date of Disbursement 12 / 05 / 2005	
Mailing Address 1717 K Street Nw Suite 309a		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement 2006 General Election	011 Category/ Type	2006 General Election
Candidate Name Sen. Hillary Rodham Clinton	Office Sought: House X Senate President State: NY District 2		
Disbursement For: 2006 Primary General X Other (specify) ▼ 2006 General Electio			

Full Name (Last, First, Middle Initial) C. Welch For Congress		Transaction ID: 11793570 Date of Disbursement 12 / 05 / 2005	
Mailing Address PO Box 1086		Amount of Each Disbursement this Period 500.00	
City Montpelier State VT Zip Code 05801	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Peter Welch	Office Sought: X House Senate President State: VT District 1		
Disbursement For: 2006 Primary General X Other (specify) ▼ 2006 Primary Electio			

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 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. Paula Hollinger For Congress		Transaction ID: 11793571 Date of Disbursement 12 / 05 / 2005	
Mailing Address PO Box 5861		Amount of Each Disbursement this Period 500.00	
City Baltimore State MD Zip Code 21282	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Paula Hollinger	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District 3			

Full Name (Last, First, Middle Initial) B. Pryce For Congress		Transaction ID: 11808139 Date of Disbursement 12 / 12 / 2005	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 4000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Deborah Pryce	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 15			

Full Name (Last, First, Middle Initial) C. Pryce For Congress		Transaction ID: 11808140 Date of Disbursement 12 / 12 / 2005	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement 2006 General Election	011 Category/ Type	2006 General Election
Candidate Name Rep. Deborah Pryce	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 15			

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	7000.00