

**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)

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)

X 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)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

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

02

01

2005

through

02

28

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

03

15

2005

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: ^M02 [:]01 ^Y2005 To: ^M02 [:]28 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		284106.18
(b) Cash on Hand at Beginning of Reporting Period	358734.02	
(c) Total Receipts (from Line 19)	26156.06	101018.13
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	384890.08	385124.31
<hr/>		
7. Total Disbursements (from Line 31)	34527.86	34762.09
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	350362.22	350362.22
<hr/>		
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: ^M02 ⁻01 ⁻2005 To: ^M02 ⁻28 ⁻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)	16369.88	65414.88
(ii) Unitemized	7604.00	34876.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	25993.88	100290.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25993.88	100290.88
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.)	162.18	227.25
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))	26156.06	101018.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26156.06	101018.13

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.....	0.00	234.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	234.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	34500.00
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.....	27.86	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 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))..	34527.86	34762.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	34527.86	34762.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	25993.88	100290.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25993.88	100290.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	234.23
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	234.23

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

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

FOR LINE NUMBER: PAGE 6 / 31

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. Steven R. Kowitz		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address B1 Taylors Way		Transaction ID: 10657158
City Holland	State PA	Zip Code 18866-2686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Professional Wound Care Assoc	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David B. Tucker		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address 1331 Tallowee Rd.		Transaction ID: 10657161
City Eden	State NC	Zip Code 27228-9505
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) C. Dr. Stephen H. Powless		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address Park Nicollet Clinic 3900 Park Nicollet Blvd.		Transaction ID: 10660157
City Saint Louis Park	State MN	Zip Code 55418-2620
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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 31
(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. William P. Crosby		Date of Receipt M / D / Y 02 / 07 / 2005
Mailing Address 5801 Park Ave.		Transaction ID: 10680158
City Fort Smith	State AR	Zip Code 72803-1428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1150.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1150.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bradford W. Glass		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address 4803 Island Dr.		Transaction ID: 10671485
City Midland	State TX	Zip Code 79707-1406
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. Davang C. Patel		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 520 West Ave.		Transaction ID: 10683248
City Norwalk	State CT	Zip Code 06850-4007
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)	▶	1900.00
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 / 31
(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. John F. Grady		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 7805 Ridgewood Ln.		Transaction ID: 10663252
City Burr Ridge	State IL	Zip Code 60527-8024
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. Oliver S. Foster		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Baldwin Hills Foot & Ankle Center 3758 Santa Rosalia Dr. #302		Transaction ID: 10663249
City Los Angeles	State CA	Zip Code 90008-3606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Oliver S. Foster		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Baldwin Hills Foot & Ankle Center 3758 Santa Rosalia Dr. #302		Transaction ID: 10663250
City Los Angeles	State CA	Zip Code 90008-3606
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 ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 9 / 31

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. Kathleen M. Stone		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 18807 N. 42nd Ave.		Transaction ID: 10663247
City Glendale	State AZ	Zip Code 85308-7527
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. Thomas Beer		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Rd. 2 Box 103		Transaction ID: 10663245
City Scenery Hill	State PA	Zip Code 15360-9802
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. Bert D. Beaver		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 11043 S. Homan		Transaction ID: 10663253
City Chicago	State IL	Zip Code 60655-2719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 301.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 301.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1051.00
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 10 / 31
(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. Kim M. Reicher		Date of Receipt M / D / Y 02 / 14 / 2005
Mailing Address 141 Hickory Lake		Transaction ID: 10673117
City Belleville	State IL	Zip Code 62223-3441
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. Steven B. Geduldig		Date of Receipt M / D / Y 02 / 14 / 2005
Mailing Address Foot Specialists 9119 W. 74th St. #352		Transaction ID: 10673123
City Shawnee Mission	State KS	Zip Code 66204-2236
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. Trent James Timson		Date of Receipt M / D / Y 02 / 14 / 2005
Mailing Address The Community Foot Clinic of McPhe 318 W. 4th St.		Transaction ID: 10673118
City McPherson	State KS	Zip Code 67460-2301
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**

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

FOR LINE NUMBER: PAGE 11/31
(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. Richard Lynn Rupp		Date of Receipt M / D / Y Y Y Y 02 / 14 / 2005
Mailing Address 2400 Cinco Casitas		Transaction ID: 10673122
City La Crescenta	State CA	Zip Code 91214-3005
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. Frank A. Spinosa		Date of Receipt M / D / Y Y Y Y 02 / 16 / 2005
Mailing Address P.O. Box 72		Transaction ID: 10682696
City Shelter Island	State NY	Zip Code 11964-0072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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) C. Dr. Sanford Mason		Date of Receipt M / D / Y Y Y Y 02 / 16 / 2005
Mailing Address 150 Deere Park Ct		Transaction ID: 10671498
City Highland Park	State IL	Zip Code 60035-5309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2250.00
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 12/31

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. David C. Schleicher		Date of Receipt M / D / Y 02 / 16 / 2005	
Mailing Address Central MN Foot & Ankle Clinic 1545 Northway Dr. #130		Transaction ID: 10671494	
City Saint Cloud	State MN	Zip Code 56303-1252	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Vito N. Giardina		Date of Receipt M / D / Y 02 / 17 / 2005	
Mailing Address 7707 Wisconsin Ave. #825		Transaction ID: 10686183	
City Bethesda	State MD	Zip Code 20814-6555	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Harold B. Gleiman		Date of Receipt M / D / Y 02 / 22 / 2005	
Mailing Address 11321 Barger Ter.		Transaction ID: 10682691	
City Potomac	State MD	Zip Code 20854-2017	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 31
(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. Robert G. Parker		Date of Receipt M / D / Y 02 / 22 / 2005
Mailing Address 715 Windbreak Trl.		Transaction ID: 10682690
City	State	Zip Code
Houston	TX	77079-4225
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. Michael Haughey		Date of Receipt M / D / Y 02 / 22 / 2005
Mailing Address 837 E. Matthews		Transaction ID: 10713848
City	State	Zip Code
Jonesboro	AR	72401-3145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Podiatry Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert J. Warkala		Date of Receipt M / D / Y 02 / 22 / 2005
Mailing Address 445 Hurffville-Crosskeys Rd. #B6		Transaction ID: 10713850
City	State	Zip Code
Sewell	NJ	08080-2338
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)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 / 31
(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. Terence B. Albright		Date of Receipt M / D / Y Y Y Y 02 / 22 / 2005
Mailing Address 399 Berkshire Dr.		Transaction ID: 10713946
City Lake Villa	State IL	Zip Code 60046
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. David J. Freedman		Date of Receipt M / D / Y Y Y Y 02 / 23 / 2005
Mailing Address 2128 Rose Theatre Cir.		Transaction ID: 10700686
City Olney	State MD	Zip Code 20832-1677
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) C. Dr. Michael J. King		Date of Receipt M / D / Y Y Y Y 02 / 23 / 2005
Mailing Address 178 Sweet Farm Rd.		Transaction ID: 10898199
City Portsmouth	State RI	Zip Code 02871-1291
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)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 31

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. Jeffrey DeSantis		Date of Receipt M / D / Y 02 / 23 / 2005
Mailing Address 2811 Circle Dr.		Transaction ID: 10696202
City Newport Beach	State CA	Zip Code 92663-5616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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. Harvey S. Karpe		Date of Receipt M / D / Y 02 / 23 / 2005
Mailing Address 1420 Woodlane Dr.		Transaction ID: 10704601
City Westville	State NJ	Zip Code 08063-1727
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) C. Dr. Stephen K. Grandfield		Date of Receipt M / D / Y 02 / 23 / 2005
Mailing Address 7 The Thumb		Transaction ID: 10898190
City Portage	State IN	Zip Code 46368-6708
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)	1750.00
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 16 / 31
(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. Robert T. Kirschenbaum		Date of Receipt M / D / Y 02 / 23 / 2005
Mailing Address 3915 Hidden Oaks Ln.		Transaction ID: 10696198
City Melbourne	State FL	Zip Code 32834-7738
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. Kenneth E. Jacoby		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 4N 916 Middlecreek Ln.		Transaction ID: 10719800
City Saint Charles	State IL	Zip Code 60175
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. Eugene Nassif, Jr.		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 4095 Hickory Hill Ln. S.E.		Transaction ID: 10719805
City Cedar Rapids	State IA	Zip Code 52403-5738
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**

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

FOR LINE NUMBER: PAGE 17 / 31
(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. Terry J. Boykoff		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 3714 Park Colony Ct.		Transaction ID: 10714953
City Agoura Hills	State CA	Zip Code 91301-3635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 888.88
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 888.88
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard A. Belacqua		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 7 Tanner Woods		Transaction ID: 10719808
City San Antonio	State TX	Zip Code 78248-1629
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. Lawrence S. MacTavish		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2005
Mailing Address 1508 Grand Valley		Transaction ID: 10717410
City Houston	State TX	Zip Code 77060-1837
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)	▶	1638.88
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 18 / 31

(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. Kie W. Kinney		Date of Receipt M / D / Y 02 / 28 / 2005	
Mailing Address 3552 Camousbir Dr.		Transaction ID: 10714955	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Martinez	GA	30807-9504	
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	

Full Name (Last, First, Middle Initial) B. Dr. Patrick A. McShane		Date of Receipt M / D / Y 02 / 28 / 2005	
Mailing Address 2805 S. Marlan		Transaction ID: 10752170	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Springfield	MO	65804-3808	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Steven B. Smith		Date of Receipt M / D / Y 02 / 28 / 2005	
Mailing Address 8829 S. 92nd E. Ct		Transaction ID: 10719808	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Tulsa	OK	74133-4441	
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	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 31
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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. William H. Dabdoub		Date of Receipt M / D / Y 02 / 28 / 2005	
Mailing Address 100 Ayrshire Ct		Transaction ID: 10714956	
City Slidell	State LA	Zip Code 70461-5034	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	18389.88

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

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

FOR LINE NUMBER: PAGE 20 / 31
(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. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		MM / UU / YYYY 02 / 28 / 2005
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee.		Transaction ID: 10788130
C		Amount of Each Receipt this Period
		162.18
Name of Employer Laggi Mason Wood Walker, Inc.	Occupation Investment Firm	interest income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 227.25	

SUBTOTAL of Receipts This Page (optional)	▶	162.18
TOTAL This Period (last page this line number only)	▶	162.18

**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 21 / 31

<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

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. Norwood For Congress		Transaction ID: 10647272 Date of Disbursement 02 / 04 / 2005	
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period 1000.00	
City Evans State GA Zip Code 30809	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Charles W. Norwood	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: GA District 9			

Full Name (Last, First, Middle Initial) B. Friends of Kent Conrad		Transaction ID: 10647313 Date of Disbursement 02 / 04 / 2005	
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 2500.00	
City Bismarck State ND Zip Code 58502	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Kent Conrad	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District 1			

Full Name (Last, First, Middle Initial) C. People With Hart Inc		Transaction ID: 10647273 Date of Disbursement 02 / 04 / 2005	
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00	
City Wexford State PA Zip Code 15090	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Melissa A. Hart	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: PA District 4			

SUBTOTAL of Disbursements This Page (optional) ► **4500.00**

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)

PAGE 22 / 31

<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

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. SNOWE FOR SENATE

Mailing Address P.O. BOX 2000

City Portland State ME Zip Code 04104

Purpose of Disbursement
2006 Primary Election

Candidate Name
Olympia J. Snowe

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 Other (specify) ▼
 State: ME District 1 2006 Primary Electio

011
Category/
Type

Transaction ID: 10852312
Date of Disbursement

02 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)
B. Mike Ross For Congress Committee

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Michael A. Ross

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 Other (specify) ▼
 State: AR District 4 2006 Primary Electio

011
Category/
Type

Transaction ID: 10852285
Date of Disbursement

02 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)
C. Ryan For Congress

Mailing Address P. O. Box 191B
P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Paul Ryan

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 Other (specify) ▼
 State: WI District 1 2006 Primary Electio

011
Category/
Type

Transaction ID: 10852274
Date of Disbursement

02 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

PAGE 23 / 31

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. Price For Congress

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2004 Primary Debt Retirement

Candidate Name
Mr. Thomas Price

Office Sought: House Senate President
State: GA District 6

Disbursement For: 2004 General
 Primary Other (specify) ▼

Transaction ID: 10852248
Date of Disbursement
02 / 07 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

2004 Primary Debt Retirement

Full Name (Last, First, Middle Initial)
B. Committe To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Edolphus Towns

Office Sought: House Senate President
State: NY District 10

Disbursement For: 2006 General
 Other (specify) ▼
2006 Primary Electio

Transaction ID: 10885435
Date of Disbursement
02 / 14 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

2006 Primary Election

Full Name (Last, First, Middle Initial)
C. Castle Campaign Fund

Mailing Address P.O. Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Michael N. Castle

Office Sought: House Senate President
State: DE District 1

Disbursement For: 2006 General
 Other (specify) ▼
2006 Primary Electio

Transaction ID: 10898439
Date of Disbursement
02 / 14 / 2005

Amount of Each Disbursement this Period
1500.00

011
Category/
Type

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ► **3500.00**

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)

PAGE 24 / 31

<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

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. Jd Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. J.D. Hayworth

Office Sought: House
Senate
President

State: AZ District 5

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 10668432

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1500.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City State Zip Code
Chicago IL 60610

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Rahm Emanuel

Office Sought: House
Senate
President

State: IL District 5

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 10668437

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Friends Of Hillary

Mailing Address 1717 K Street Nw Suite 309a

City State Zip Code
Washington DC 20036

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. Hillary Rodham Clinton

Office Sought: House
 Senate
President

State: NY District 2

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 10668433

Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

PAGE 25 / 31

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. Bingaman 2000

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. Jeff Bingaman

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: NM District: 2 Other (specify) ▼
 2006 Primary Electio

011
Category/
Type

Transaction ID: 10697534
Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1500.00

2006 Primary Election

Full Name (Last, First, Middle Initial)
B. Charles A. Gonzalez Congressional Campaign

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2006 Primary Election

Candidate Name
Charlie A. Gonzalez

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: TX District: 20 Other (specify) ▼
 2006 Primary Electio

011
Category/
Type

Transaction ID: 10697526
Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)
C. Friends of Lois Capps

Mailing Address PO Box 23840

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2006 Primary Election

Candidate Name
Lois Capps

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: CA District: 22 Other (specify) ▼
 2006 Primary Electio

011
Category/
Type

Transaction ID: 10697527
Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

PAGE 26 / 31

<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

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. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Fortney Peter Stark

Office Sought: House
Senate
President
State: CA District 13

Disbursement For: 2006
Primary General
 Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 10697523

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Mailing Address Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
2006 Primary Election

Candidate Name
Senator Max Baucus

Office Sought: House
 Senate
President
State: MT District 1

Disbursement For: 2006
Primary General
 Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 10697528

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

2000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Diana DeGette For Congress

Mailing Address 770 Grant Street Suite 23B
770 Grant Street Suite 238

City Denver State CO Zip Code 80203

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Diana DeGette

Office Sought: House
Senate
President
State: CO District 1

Disbursement For: 2006
Primary General
 Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 10697521

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

PAGE 27 / 31

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. Stephanie Tubbs Jones For Us Congress		Transaction ID: 10897529 Date of Disbursement 02 / 23 / 2005	
Mailing Address 3729 Silsby Rd		Amount of Each Disbursement this Period 1000.00	
City University Heights State OH Zip Code 44118	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Stephanie Tubbs Jones	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 11			

Full Name (Last, First, Middle Initial) B. Abercrombie For Congress		Transaction ID: 10897532 Date of Disbursement 02 / 23 / 2005	
Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005 C/O 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 1000.00	
City Honolulu State HI Zip Code 06814	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Neil Abercrombie	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: HI District 1			

Full Name (Last, First, Middle Initial) C. Nathan Deal For Congress		Transaction ID: 10897525 Date of Disbursement 02 / 23 / 2005	
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 1000.00	
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Nathan Deal	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: GA District 10			

SUBTOTAL of Disbursements This Page (optional) ▶ **3000.00**

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)

PAGE 28 / 31

<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
------------------------------------	------------------------------------	---	------------------------------------	-----------------------------------	------------------------------------

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. Schakowsky For Congress

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Janice D. Schakowsky

Office Sought: House
Senate
President

Disbursement For: 2006
Primary General
 Other (specify) ▼
2006 Primary Electio

State: IL District 9

Transaction ID: 10697522
Date of Disbursement
02 / 23 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

Full Name (Last, First, Middle Initial)
B. Tim Murphy For Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Tim F. Murphy

Office Sought: House
Senate
President

Disbursement For: 2006
Primary General
 Other (specify) ▼
2006 Primary Electio

State: PA District 18

Transaction ID: 10697519
Date of Disbursement
02 / 23 / 2005

Amount of Each Disbursement this Period
2000.00

011
Category/
Type
2006 Primary Election

Full Name (Last, First, Middle Initial)
C. McCotter Congressional Committee

Mailing Address P.O. Box 630788

City Livonia State MI Zip Code 48153

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Thaddeus G. McCotter

Office Sought: House
Senate
President

Disbursement For: 2006
Primary General
 Other (specify) ▼
2006 Primary Electio

State: MI District 11

Transaction ID: 10697518
Date of Disbursement
02 / 23 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ► **4000.00**

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)

PAGE 29 / 31

<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

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. Volunteers For Shimkus		Transaction ID: 10897524 Date of Disbursement 02 / 23 / 2005	
Mailing Address P.O. Box 5458 PO Box 5458		Amount of Each Disbursement this Period 1000.00	
City Springfield State IL Zip Code 62705	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	
Candidate Name Rep. John M. Shimkus	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: IL District: 19	2006 Primary Election		

Full Name (Last, First, Middle Initial) B. John Lewis For Congress		Transaction ID: 10897531 Date of Disbursement 02 / 23 / 2005	
Mailing Address 1520 Pinehurst Drive Sw		Amount of Each Disbursement this Period 1000.00	
City Atlanta State GA Zip Code 30311	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	
Candidate Name Rep. John Lewis	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: GA District: 5	2006 Primary Election		

Full Name (Last, First, Middle Initial) C. Robert Aderholt For Congress		Transaction ID: 10897515 Date of Disbursement 02 / 23 / 2005	
Mailing Address P. O. Box 115B 940 Hwy 13		Amount of Each Disbursement this Period 1000.00	
City Haleyville State AL Zip Code 35885	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	
Candidate Name Rep. Robert B. Aderholt	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: AL District: 4	2006 Primary Election		

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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)

PAGE 30 / 31

<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

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. Terry Everett For Congress

Mailing Address P.O. Box 1828

City Dothan State AL Zip Code 96902

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Terry Everett

Office Sought: House Senate President
State: AL District 2

Disbursement For: 2006 Primary General
 Other (specify) ▼
2006 Primary Electio

Transaction ID: 10897517
Date of Disbursement
02 / 23 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	34500.00

**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 31 / 31

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

A. Investment Account

Mailing Address

City State Zip Code

Purpose of Disbursement
interest expense

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 10788131

Date of Disbursement

02 / 28 / 2005

Amount of Each Disbursement this Period

27.86

interest expense

SUBTOTAL of Disbursements This Page (optional) ▶

27.86

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

27.86