

**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)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

X

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

08

01

2005

through

08

30

2005

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

Type or Print Name of Treasurer

Dr. Gerald Peterson, DPM

Signature of Treasurer

Electronically Filed by Dr. Gerald Peterson, DPM

Date

07

13

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: ^M06 ^D01 ^Y2005 To: ^M06 ^D30 ^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	371769.86	
(c) Total Receipts (from Line 19)	51936.50	267344.51
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	423706.36	551450.89
<hr/>		
7. Total Disbursements (from Line 31)	44994.03	172738.36
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	378712.33	378712.33
<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: ^M06 ⁻01 ⁻2005 To: ^M06 ⁻30 ⁻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)	34501.00	167521.88
(ii) Unitemized	17234.00	98567.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	51735.00	266088.88
(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)	51735.00	266088.88
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	201.50	755.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	51936.50	267344.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51936.50	267344.51

DETAILED SUMMARY PAGE

of Disbursements

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	234.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	234.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44994.03	172225.59
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	250.00
29. Other Disbursements.....	0.00	27.86
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election 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))..	44994.03	172738.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	44994.03	172738.36

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)	51735.00	266088.88
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51735.00	265838.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	234.91
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	234.91

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

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

FOR LINE NUMBER: PAGE 6 / 53

(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. Harold B. Glickman		Date of Receipt M / D / Y Y Y Y 06 / 01 / 2005	
Mailing Address 11321 Berger Ter.		Transaction ID: 11183074	
City Potomac	State MD	Zip Code 20854-2017	Amount of Each Receipt this Period 375.00
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 ▼ 625.00		
Full Name (Last, First, Middle Initial) B. Dr. John E. Foralte		Date of Receipt M / D / Y Y Y Y 06 / 02 / 2005	
Mailing Address 3028 S. Amanda Ct.		Transaction ID: 11232189	
City Sioux Falls	State SD	Zip Code 57103-4828	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Dr. Eugene F. Sherwood		Date of Receipt M / D / Y Y Y Y 06 / 06 / 2005	
Mailing Address 7475 Algonquin Dr.		Transaction ID: 11228170	
City Cincinnati	State OH	Zip Code 45243-3517	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) ► **1125.00**

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 / 53
(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. Thomas V. Melillo		Date of Receipt M / D / Y 06 / 06 / 2005
Mailing Address 438 Berwick Cir.		Transaction ID: 11226164
City Aurora	State OH	Zip Code 44202-8560
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. Gary Lee Underfer		Date of Receipt M / D / Y 06 / 10 / 2005
Mailing Address 4274 Red Tail Ct.		Transaction ID: 11236214
City Medina	State OH	Zip Code 44256-6514
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. Michael Moley		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 1345 Sunburst		Transaction ID: 11236193
City Northbrook	State IL	Zip Code 60062-4280
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)	1100.00
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 / 53
(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. Matthew L. Burrell		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 133 Rappapak Dr. Box 427		Transaction ID: 11226596
City Fryeburg	State ME	Zip Code 04037
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. G. Michael Johnson, Jr.		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address Medical Center Podiatry P.C. P.O. Box 8407		Transaction ID: 11251884
City Mobile	State AL	Zip Code 36689-0407
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. Lyndon G. Johansen		Date of Receipt M / D / Y 06 / 13 / 2005
Mailing Address 2025 S.W. Daybreak Way		Transaction ID: 11232148
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 ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	875.00
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 / 53
(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 M. Gerber		Date of Receipt M / D / Y 06 / 14 / 2006
Mailing Address 4723 N. Lincoln Ave.		Transaction ID: 11251877
City Chicago	State IL	Zip Code 60625-2000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Leslie G. Levy		Date of Receipt M / D / Y 06 / 15 / 2006
Mailing Address 23861 W. McBean Pkwy. #E26		Transaction ID: 11251867
City Valencia	State CA	Zip Code 91355-4457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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. Randall J. Sarte		Date of Receipt M / D / Y 06 / 15 / 2006
Mailing Address 6340 Almond Ave.		Transaction ID: 11251845
City Orangevale	State CA	Zip Code 95862-3532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: 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 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 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. Randall J. Sarte		Date of Receipt M / D / Y 06 / 15 / 2005
Mailing Address 834D Almond Ave.		Transaction ID: 11251868
City Orangevale	State CA	Zip Code 95662-3832
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 ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. John A. Chisholm		Date of Receipt M / D / Y 06 / 15 / 2005
Mailing Address 11205 Madrigal St.		Transaction ID: 11251849
City San Diego	State CA	Zip Code 92129-1215
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) C. Dr. Michael A. Johnson		Date of Receipt M / D / Y 06 / 15 / 2005
Mailing Address 136 San Felipe Way		Transaction ID: 11251868
City Novato	State CA	Zip Code 94945-1612
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)	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 11 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. Alfred Anthony Patino		Date of Receipt M / D / Y 06 / 15 / 2005	
Mailing Address 218D Mira Flores Dr.		Transaction ID: 11251850	
City Turlock	State CA	Zip Code 95380-3639	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Sandra J. Loving		Date of Receipt M / D / Y 06 / 15 / 2005	
Mailing Address 14878 Elton Dr.		Transaction ID: 11251852	
City San Jose	State CA	Zip Code 95124-4330	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) C. Dr. Katherine Louise Kathoff		Date of Receipt M / D / Y 06 / 15 / 2005	
Mailing Address 5 Spinning Rod Ct.		Transaction ID: 11251843	
City Sacramento	State CA	Zip Code 95833-9621	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		

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 12 / 53
(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. Ara Kelekian		Date of Receipt M / D / Y 06 / 15 / 2005
Mailing Address 717 De Palma Way		Transaction ID: 11251851
City Montebello	State CA	Zip Code 90640-3515
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. Eric Y. Chan		Date of Receipt M / D / Y 06 / 17 / 2005
Mailing Address 2753 Saleroso Dr.		Transaction ID: 11260005
City Rowland Heights	State CA	Zip Code 91748-4370
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. Michael L. Boyd		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 3934 W. Grove Ct.		Transaction ID: 11251850
City Visalia	State CA	Zip Code 93291-4163
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)	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 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. Kenneth B. Geremich		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 4824 Hazelnut Ave.		Transaction ID: 11252999
City Seal Beach	State CA	Zip Code 90740-3019
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. Felix Sigal		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 19717 Falcon Crest Way		Transaction ID: 11252992
City Northridge	State CA	Zip Code 91326-4020
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. John Edward Ebaugh		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 38050 Vista Dr.		Transaction ID: 11252984
City Cathedral City	State CA	Zip Code 92234-2140
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 14 / 53
(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. Arthur H. Fass		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 18233 Vintage St.		Transaction ID: 11251912
City Northridge	State CA	Zip Code 91325-1041
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 ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Riyanto R. Quemana		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1649 La Ramada Ave.		Transaction ID: 11252979
City Arcadia	State CA	Zip Code 91006-1823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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. Arnold L. Sardin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 3400 W. Lomita Blvd. #403		Transaction ID: 11251818
City Torrance	State CA	Zip Code 90505-4530
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)	950.00
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 / 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 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. Gabriel J. Halperin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address P.O. Box 629		Transaction ID: 11252947
City Los Angeles	State CA	Zip Code 91754
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. Ronald P. Marmolejo		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 23262 Zachary Ct.		Transaction ID: 11253001
City Porterville	State CA	Zip Code 93257-9568
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. William C. Landrey		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 9474 Baseline Rd.		Transaction ID: 11251848
City Alta Loma	State CA	Zip Code 91701-5822
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 ▼ 450.00
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 16 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. Roger A. Johnson		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 315B4 Rd. 168		Transaction ID: 11251917
City Visalia	State CA	Zip Code 93292-9592
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. Jack A. Reingold		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 12373 Brassica St.		Transaction ID: 11251921
City San Diego	State CA	Zip Code 92129-4127
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 Hodor		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 4852 Corsica Dr.		Transaction ID: 11251949
City Cypress	State CA	Zip Code 90630-5578
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 17 / 53
(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. Bruce A. Olson		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 8000 Bridgeview Dr.		Transaction ID: 11252957
City Ventura	State CA	Zip Code 93003-1126
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. Bruce M. Bulkin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2860 Wakefield Dr.		Transaction ID: 11252985
City Belmont	State CA	Zip Code 94002-2935
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. Vladimir Zetsler		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 18730 Hatteras St #19		Transaction ID: 11251815
City Tarzana	State CA	Zip Code 91358-1473
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)	▶	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 18 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. S. Chris Horne		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 15250 Peach Hill Rd.		Transaction ID: 11252946
City Saratoga	State CA	Zip Code 95070-6448
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. Jeffrey A. Stone		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 9515 N. Larkspur		Transaction ID: 11252966
City Fresno	State CA	Zip Code 93720-4621
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. Jean M. Turner		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 7005 Hazel Cotter Ct. #G1		Transaction ID: 11268545
City Sebastopol	State CA	Zip Code 95472-4554
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 10 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. Stefan L. Feldman		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 8747 Pheasant Ln.		Transaction ID: 11251909
City Oak Park	State CA	Zip Code 91377-3077
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. Darin Lowe		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1806 San Ramon Ave.		Transaction ID: 11252854
City Berkeley	State CA	Zip Code 94707-1630
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. Godfrey F. Mii		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 5025 J. St. #31B		Transaction ID: 11252895
City Sacramento	State CA	Zip Code 95819-3839
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 20 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. O. Dale Bagley		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 8890 Brookdale Rd.		Transaction ID: 11252967
City Milhille	State CA	Zip Code 96062-9620
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. Robert A. Abrams		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 19129 Kings Bury St		Transaction ID: 11251913
City Northridge	State CA	Zip Code 91326-2942
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. William Dennis Pagliano		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1245 Wilshire Blvd. #810		Transaction ID: 11251848
City Los Angeles	State CA	Zip Code 90017-4808
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 21 / 53

(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. Jerome A. Wisniew		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2705 28th St.		Transaction ID: 11252981
City San Diego	State CA	Zip Code 92104-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Raul D. Estes		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address Arroyo Grande Foot Health Center 207 S. Halcyon Rd.		Transaction ID: 11252987
City Arroyo Grande	State CA	Zip Code 93420-3117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Lawrence I. Rubin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1045 W. Redondo Beach Blvd. #250		Transaction ID: 11251818
City Gardena	State CA	Zip Code 90247-4128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 22 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. Lynn R. Johnson		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2123 Cedar Ridge Cr.		Transaction ID: 11252955
City Stockton	State CA	Zip Code 95207-1401
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. William D. McDonald		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 3031 W. March Ln. #310E		Transaction ID: 11251910
City Stockton	State CA	Zip Code 95219-6500
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 ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George John Marozal		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 24192 Rue de Gauguin		Transaction ID: 11252894
City Laguna Niguel	State CA	Zip Code 92677-6101
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 23 / 53
(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. Thomas Fitzgerald		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 287D Dusty Stone Ct.		Transaction ID: 11252982
City Santa Rosa	State CA	Zip Code 95405-7841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce M. Dabbs		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 742 Walnut Ave.		Transaction ID: 11252990
City Burlingame	State CA	Zip Code 94010-5008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dr. Kenneth Walls		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address P.O. Box 2111		Transaction ID: 11252945
City Spring Valley	State CA	Zip Code 94579-2111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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 24 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. Allen J. Selner		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 4335 Laurel Canyon Blvd.		Transaction ID: 11251942
City	State	Zip Code
Studio City	CA	91604-1710
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. Gordon S. Hamblin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 8290 Marra Rd.		Transaction ID: 11252844
City	State	Zip Code
Atascadero	CA	93422-3854
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. Ariens F. Hoffman		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 282 Panoramic Hwy.		Transaction ID: 11252893
City	State	Zip Code
Mill Valley	CA	94941-2631
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)	▶	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 25 / 53
(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. Steven W. Bailey		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005
Mailing Address 3575 Surf Ct.		Transaction ID: 11251960
City	State	Zip Code
Mercad	CA	95340-9150
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. Robert Edward Tang		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005
Mailing Address 1439 8th Ave.		Transaction ID: 11251914
City	State	Zip Code
San Francisco	CA	94122-3706
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. Philip A. Redovic		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005
Mailing Address 43 Campanilla		Transaction ID: 11252853
City	State	Zip Code
San Clemente	CA	92673-2751
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 26 / 53
(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. Luis B. Eber		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2900 W. Lake Vista Cir.		Transaction ID: 11252465
City Davie	State FL	Zip Code 33328-1138
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. Michael A. Ure		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 5528 Sage Dr.		Transaction ID: 11252691
City Rocklin	State CA	Zip Code 95765-5428
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. Kathleen Anne Alias		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 243 Mt. Harmon Rd. #G		Transaction ID: 11252889
City Scotts Valley	State CA	Zip Code 95066-4007
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 27 / 53
(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. Scott E. Adams		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1222 Montego		Transaction ID: 11253003
City Arroyo Grande	State CA	Zip Code 93420-2435
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. Kennon J. Martin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 13819 Comice Ct.		Transaction ID: 11252869
City Chico	State CA	Zip Code 95973-9295
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. Kennon J. Martin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 13819 Comice Ct.		Transaction ID: 11252872
City Chico	State CA	Zip Code 95973-9295
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 ▼ 500.00
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 28 / 53
(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 Dan Murphy		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 11271 Martha Ann Dr.		Transaction ID: 11252998
City Los Alamitos	State CA	Zip Code 90720-2817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas Joseph Chang		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 3457 Selene Ct.		Transaction ID: 11251844
City Santa Rosa	State CA	Zip Code 95404-1644
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard L. Evans		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 39755 Murrieta Hot Springs Rd. #D1		Transaction ID: 11251870
City Murrieta	State CA	Zip Code 92563-9110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 28 / 53
(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. Joseph B. Dobrusin		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 8311 E. Via De Ventura		Transaction ID: 11252980
City Scottsdale	State AZ	Zip Code 85258-6600
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 ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael A. DiGiacomo		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 13985 Skyline Blvd.		Transaction ID: 11252988
City Oakland	State CA	Zip Code 94619-3619
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. Lois R. Fleming		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1780 Gold Street		Transaction ID: 11253002
City Redding	State CA	Zip Code 96001-1808
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 30 / 53
(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. Howard A. Hewlett		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 21372 Brookhurst #418		Transaction ID: 11251911
City Huntington Beach	State CA	Zip Code 92646-7306
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. James Wallace Braedlove		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address P.O. Box 7125		Transaction ID: 11252986
City Los Osos	State CA	Zip Code 93412-7125
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. Fred D. Youngswick		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 98 San Domingo Way		Transaction ID: 11251841
City Novato	State CA	Zip Code 94945-1235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 151.00
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)	▶	651.00
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 31 / 53
(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. Ronald R. Vogel		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 815 W. 11th Ave.		Transaction ID: 11252958
City Chicago	State CA	Zip Code 95826-2516
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. Tim Tha Nguyen		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 1264 Vida Dr.		Transaction ID: 11252984
City Oxnard	State CA	Zip Code 93030-0120
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. Wendy H. Wu		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 708 Sierra Madre Blvd.		Transaction ID: 11252983
City San Marino	State CA	Zip Code 91108-1438
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 32 / 53
(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. Timothy Scott Kneebone		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 888B N. Auburn Cir		Transaction ID: 11252983
City Moorpark	State CA	Zip Code 93021-1304
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. Patricia L. Ferraro		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address Advanced Family Foot Care 2074 Lake Tahoe Blvd. #8		Transaction ID: 11253000
City South Lake Tahoe	State CA	Zip Code 96150-6417
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. Rodney J. Chan		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address San Francisco Podiatry Group 3801 Sacramento St. #621		Transaction ID: 11251822
City San Francisco	State CA	Zip Code 94118-1625
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 33 / 53
(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. Kelly Ann Nix		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005
Mailing Address 3323 Oxford Ln.		Transaction ID: 11252943
City San Jose	State CA	Zip Code 95117-3040
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. Scot L. Raberg		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005
Mailing Address 1690 Buena Vista St.		Transaction ID: 11251847
City Ventura	State CA	Zip Code 93001-2215
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. Vanessa M.L. Taylor		Date of Receipt M / D / Y Y Y Y 06 / 20 / 2005
Mailing Address 1233 Blacksmith Way		Transaction ID: 11251843
City Norco	State CA	Zip Code 92860-3862
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 34 / 53
(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. Dan B. Taranga		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 2323 Palomira Ct.		Transaction ID: 11252968
City Chula Vista	State CA	Zip Code 91915-1253
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. Steven Swartz		Date of Receipt M / D / Y 06 / 20 / 2005
Mailing Address 16122 Santa Barbara Ln.		Transaction ID: 11252965
City Huntington Beach	State CA	Zip Code 92649-2178
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. James Wayne Ratcliff		Date of Receipt M / D / Y 06 / 21 / 2005
Mailing Address Samaritan Family Practice 2480 Samaritan Dr.		Transaction ID: 11268530
City San Jose	State CA	Zip Code 95124-3507
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 ▼ 500.00
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 35 / 53
(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. Charles G. Kissel		Date of Receipt M / D / Y 06 / 24 / 2005
Mailing Address 41 Christine Dr.		Transaction ID: 11289020
City Grosse Pointe Farm	State MI	Zip Code 48236-3722
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 C. Casarsa		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 2926 S. Griset Pl.		Transaction ID: 11286574
City Santa Ana	State CA	Zip Code 92704-6004
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. Lt. Robert W. Sullivan		Date of Receipt M / D / Y 06 / 27 / 2005
Mailing Address 1861 Church Point Ln.		Transaction ID: 11286582
City Virginia Beach	State VA	Zip Code 23455-7015
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 36 / 53
(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. Kenrick J. Dennis		Date of Receipt M / D / Y Y Y Y 06 / 27 / 2005
Mailing Address 11838 Durnette		Transaction ID: 11286580
City	State	Zip Code
Houston	TX	77024-7129
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. Patrick J. Nunan		Date of Receipt M / D / Y Y Y Y 06 / 27 / 2005
Mailing Address 584D Winged Foot Dr.		Transaction ID: 11286559
City	State	Zip Code
West Chester	OH	45069-1961
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. Ronald A. Robins		Date of Receipt M / D / Y Y Y Y 06 / 27 / 2005
Mailing Address 5702 Indian Trl.		Transaction ID: 11286551
City	State	Zip Code
Houston	TX	77057-1305
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)	300.00
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 37 / 53
(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. Joseph Eric Lewis		Date of Receipt M / D / Y 06 / 27 / 2006
Mailing Address 730 Ewing Dr.		Transaction ID: 11286564
City	State	Zip Code
Boardman	OH	44512-3215
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. Robert N. Mohr		Date of Receipt M / D / Y 06 / 27 / 2006
Mailing Address 10593 Kinnard Ave.		Transaction ID: 11286573
City	State	Zip Code
Los Angeles	CA	90024-6040
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. Ronald L. Vainmsey		Date of Receipt M / D / Y 06 / 27 / 2006
Mailing Address Center for Sports Medicine St. Francis Memorial Hosp 90D Hyde		Transaction ID: 11286553
City	State	Zip Code
San Francisco	CA	94109
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 38 / 53
(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 C. Malt		Date of Receipt M / D / Y Y Y Y 06 / 27 / 2005
Mailing Address 12409 N. Copper Queen Way		Transaction ID: 11286583
City Tucson	State AZ	Zip Code 85737-8834
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. Timothy John Siegfried		Date of Receipt M / D / Y Y Y Y 06 / 28 / 2005
Mailing Address 10107 E. 94th St. N.		Transaction ID: 11276116
City Owasso	State OK	Zip Code 74055-6838
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. Lindsay D. Barth		Date of Receipt M / D / Y Y Y Y 06 / 28 / 2005
Mailing Address 3120 Hawthorne		Transaction ID: 11276121
City Saint Louis	State MO	Zip Code 63104-1808
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 38 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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 Miller		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address Affiliated Foot & Ankle Spec. of C 1117 Hwy. 46 #201		Transaction ID: 11276120
City Clifton	State NJ	Zip Code 07013-2450
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. Joseph Christopher Smith		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 854 Philadelphia Ave.		Transaction ID: 11276117
City Shillington	State PA	Zip Code 19007-2769
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. James F. Hulsh		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 2837 Sea Breeze Ct		Transaction ID: 11276118
City Merced	State CA	Zip Code 95340-8695
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 40 / 53

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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. Brian D. Jackson		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 123D Old Hwy. 50-A		Transaction ID: 11276122
City Columbia	State TN	Zip Code 38401-8147
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. Douglas H. Rishie, Jr.		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 864 Margo		Transaction ID: 11276100
City Long Beach	State CA	Zip Code 90803-2107
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. Frederick J. Kruger		Date of Receipt M / D / Y 06 / 28 / 2005
Mailing Address 588D N. Fresno St. #110		Transaction ID: 11276101
City Fresno	State CA	Zip Code 93710-8331
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 TN's Page (optional)	▶	2500.00
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 41 / 53
(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. Paul C. Yoon		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 121B W. 162nd St.		Transaction ID: 11276102
City	State	Zip Code
Gardena	CA	90247-4424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Scott N. Meising		Date of Receipt M / D / Y 06 / 29 / 2005
Mailing Address 853 W. Hemlock Way		Transaction ID: 11276106
City	State	Zip Code
Chandler	AZ	85248-4346
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	34501.00

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

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

FOR LINE NUMBER: PAGE 42 / 53

(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	

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 M M / U U / Y Y Y Y 06 / 10 / 2005
Mailing Address 100 Light St., 19th Floor P.O. Box 1476	Transaction ID: 11224720
City Baltimore State MD Zip Code 21202-1036	Amount of Each Receipt this Period 201.50
FEC ID number of contributing federal political committee. C	
Name of Employer Legg Mason Wood Walker, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼ 755.63 Interest Income

SUBTOTAL of Receipts This Page (optional)	▶	201.50
TOTAL This Period (last page this line number only)	▶	201.50

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 53

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

Full Name (Last, First, Middle Initial) B. Van Hollen For Congress			Transaction ID: 11191311 Date of Disbursement 06 / 06 / 2005		
Mailing Address 10537 St. Paul Street			Amount of Each Disbursement this Period 2500.00		
City Kennington State MD Zip Code 20895	Purpose of Disbursement 2006 Primary Election		011 Category/ Type		
Candidate Name Rep. Chris Van Hollen			2006 Primary Election		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: MD District: 8					

Full Name (Last, First, Middle Initial) C. Van Hollen For Congress			Transaction ID: 11191350 Date of Disbursement 06 / 06 / 2005		
Mailing Address 10537 St. Paul Street			Amount of Each Disbursement this Period 2500.00		
City Kennington State MD Zip Code 20895	Purpose of Disbursement 2006 General Election		011 Category/ Type		
Candidate Name Rep. Chris Van Hollen			2006 General Election		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio				
State: MD District: 8					

SUBTOTAL of Disbursements This Page (optional) ▶ **7500.00**

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 44 / 53

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

Full Name (Last, First, Middle Initial) B. Charles A. Gonzalez Congressional Campaign			Transaction ID: 11224856 Date of Disbursement 06 / 10 / 2005		
Mailing Address P.O. Box 83142			Amount of Each Disbursement this Period 1000.00		
City Gaithersburg State MD Zip Code 20883	Purpose of Disbursement 2006 Primary Election		011 Category/ Type		2006 Primary Election
Candidate Name Charlie A. Gonzalez		Disbursement For: 2006 Primary General			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District 20	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				

Full Name (Last, First, Middle Initial) C. Diana DeGette For Congress			Transaction ID: 11224882 Date of Disbursement 06 / 10 / 2005		
Mailing Address 770 Grant Street Suite 23B 770 Grant Street Suite 238			Amount of Each Disbursement this Period 1500.00		
City Denver State CO Zip Code 80203	Purpose of Disbursement 2006 Primary Election		011 Category/ Type		2006 Primary Election
Candidate Name Rep. Diana DeGette		Disbursement For: 2006 Primary General			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District 1	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				

SUBTOTAL of Disbursements This Page (optional) ► **2597.60**

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 45 / 53

<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. Congressman Bart Gordon Committee			Transaction ID: 11224883 Date of Disbursement 06 / 10 / 2005		
Mailing Address P.O. Box 2008			Amount of Each Disbursement this Period 1000.00		
City Murfreesboro	State TN	Zip Code 37133	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Bart Gordon			2006 Primary Election		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: TN District: 6					

Full Name (Last, First, Middle Initial) B. Mike Ross For Congress Committee			Transaction ID: 11224884 Date of Disbursement 06 / 10 / 2005		
Mailing Address PO Box 360			Amount of Each Disbursement this Period 1000.00		
City Prescott	State AR	Zip Code 71857	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Michael A. Ross			2006 Primary Election		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: AR District: 4					

Full Name (Last, First, Middle Initial) C. Doggett For Us Congress			Transaction ID: 11224887 Date of Disbursement 06 / 10 / 2005		
Mailing Address PO Box 5843			Amount of Each Disbursement this Period 2500.00		
City Austin	State TX	Zip Code 78763	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Lloyd Doggett			2006 Primary Election		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: TX District: 25					

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 46 / 53

<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: 11224886 Date of Disbursement 06 / 10 / 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. Sue Myrick For Congress		Transaction ID: 11240988 Date of Disbursement 06 / 16 / 2005	
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1000.00	
City Charlotte State NC Zip Code 28237	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	
Candidate Name Rep. Sue Wilkins Myrick	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: NC District: 9	2006 Primary Election		

Full Name (Last, First, Middle Initial) C. Citizens For Harkin		Transaction ID: 11247536 Date of Disbursement 06 / 17 / 2005	
Mailing Address P O Box 811		Amount of Each Disbursement this Period 2000.00	
City Des Moines State IA Zip Code 50304	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	
Candidate Name Sen. Tom Harkin	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2	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 47 / 53

<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
 State: ME District 1 Other (specify) ▼
 2006 Primary Electio

011
Category/
Type

Transaction ID: 11247533
Date of Disbursement

06 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)
B. SNOWE FOR SENATE

Mailing Address P.O. BOX 2000

City Portland State ME Zip Code 04104

Purpose of Disbursement
2006 General Election

Candidate Name
Olympia J. Snowe

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

011
Category/
Type

Transaction ID: 11247534
Date of Disbursement

06 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

2006 General Election

Full Name (Last, First, Middle Initial)
C. Friends Of Rosa DeLauro

Mailing Address 49 Huntington Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: CT District 3 Other (specify) ▼
 2006 Primary Electio

011
Category/
Type

Transaction ID: 11247535
Date of Disbursement

06 / 17 / 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 48 / 53

<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. Tammy Baldwin For Congress		Transaction ID: 11247528 Date of Disbursement 06 / 17 / 2005	
Mailing Address P O Box 698		Amount of Each Disbursement this Period 2000.00	
City Madison State WI Zip Code 53701	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Tammy Baldwin	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: WI District 2			

Full Name (Last, First, Middle Initial) B. Nathan Deal For Congress		Transaction ID: 11247539 Date of Disbursement 06 / 17 / 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 General Election	011 Category/ Type	2006 General Election
Candidate Name Rep. Nathan Deal	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: GA District 10			

Full Name (Last, First, Middle Initial) C. McConnell Senate Committee '02		Transaction ID: 11259839 Date of Disbursement 06 / 17 / 2005	
Mailing Address PO Box 1486		Amount of Each Disbursement this Period 1100.00	
City Louisville State KY Zip Code 40201	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Sen. Mitch McConnell	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: KY District 2			

SUBTOTAL of Disbursements This Page (optional) ► **4100.00**

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 48 / 53

<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. Dutch Ruppensberger For Congress			Transaction ID: 11247537 Date of Disbursement 06 / 17 / 2005		
Mailing Address 22 West Padonia Road Suite A307			Amount of Each Disbursement this Period 2500.00		
City Timonium State MD Zip Code 21093	Purpose of Disbursement 2006 Primary Election		011 Category/ Type	2006 Primary Election	
Candidate Name Rep. C.A. Dutch Ruppensberger		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 2					

Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Vito Fossella			Transaction ID: 11247540 Date of Disbursement 06 / 17 / 2005		
Mailing Address PO Box 131403 PO Box 060248			Amount of Each Disbursement this Period 1000.00		
City Staten Island State NY Zip Code 10313	Purpose of Disbursement 2006 Primary Election		011 Category/ Type	2006 Primary Election	
Candidate Name Rep. Vito J. Fossella		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: NY District 13					

Full Name (Last, First, Middle Initial) C. Porter For Congress			Transaction ID: 11247530 Date of Disbursement 06 / 17 / 2005		
Mailing Address PO Box 26087			Amount of Each Disbursement this Period 1000.00		
City Las Vegas State NV Zip Code 89126	Purpose of Disbursement 2006 Primary Election		011 Category/ Type	2006 Primary Election	
Candidate Name Rep. Jon C. Porter		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: NV District 3					

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 50 / 53

<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. Friends Of Hillary

Mailing Address 1717 K Street Nw Suite 309a

City Washington State DC Zip Code 20036

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. Hillary Rodham Clinton

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

011
Category/
Type

Transaction ID: 11247532

Date of Disbursement

06 / 17 / 2005

Amount of Each Disbursement this Period

2000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Friends Of Clay Shaw

Mailing Address 2600 Ne 14th. Street Causeway
2600 Ne 14th. Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. E. Clay Shaw, Jr.

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

011
Category/
Type

Transaction ID: 11286549

Date of Disbursement

06 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Friends Of Ray LaHood

Mailing Address 4238 N Knoxville Ave
4238 N Knoxville Ave

City Peoria State IL Zip Code 61614

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Ray LaHood

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 State: IL District: 18 Other (specify) ▼
 2006 Primary Electio

011
Category/
Type

Transaction ID: 11286576

Date of Disbursement

06 / 27 / 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 52 / 53

<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. Mark Udall For Congress Inc.

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Mark Udall

Office Sought: House
Senate
President

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

State: CO District: 2

Transaction ID: 11286568
Date of Disbursement
06 / 27 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

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

Mailing Address P.O Box 133

City Wilmington State DE Zip Code 19800

Purpose of Disbursement
(In-Kind) 2006 Gen. Inkind for Savage Fu

Candidate Name
Rep. Michael N. Castle

Office Sought: House
Senate
President

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

State: DE District: 1

Transaction ID: 11333211
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
617.00

011
Category/
Type
(In-Kind) 2006 Gen. Inkind
for Savage Fundraiser

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

Mailing Address P.O Box 133

City Wilmington State DE Zip Code 19800

Purpose of Disbursement
(In-Kind) 2006 Gen. Inkind for Savage Fu

Candidate Name
Rep. Michael N. Castle

Office Sought: House
Senate
President

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

State: DE District: 1

Transaction ID: 11333246
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
620.00

011
Category/
Type
(In-Kind) 2006 Gen. Inkind
for Savage Fundraiser

SUBTOTAL of Disbursements This Page (optional) ► **2237.00**

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 53 / 53

<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. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kenington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name
Rep. Chris Van Hollen

Office Sought: House Senate President
State: MD District B

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

Transaction ID: 11333378
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
559.43

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Schultz Debbie Wasserman

Mailing Address 4479 Foxglove Ln

City Weston State FL Zip Code 33331

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Debbie Schultz

Office Sought: House Senate President
State: FL District 20

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

Transaction ID: 11281034
Date of Disbursement
06 / 30 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)	▶	1559.43
TOTAL This Period (last page this line number only)	▶	44994.03