

**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)

X

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

05

01

2005

through

05

31

2005

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

Type or Print Name of Treasurer

Dr. Gerald Peterson, DPM

Signature of Treasurer

Electronically Filed by Dr. Gerald Peterson, DPM

Date

06

15

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From: ^M05 ^D01 ^Y2005 To: ^M05 ^D31 ^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	385038.15	
(c) Total Receipts (from Line 19)	10730.71	215408.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	405769.86	499514.19
<hr/>		
7. Total Disbursements (from Line 31)	34000.00	127744.33
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	371769.86	371769.86
<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: ^M05 ^D01 ^Y2005 To: ^M05 ^D31 ^Y2005

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)	5526.00	133020.88
(ii) Unitemized	5028.00	81333.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	10554.00	214353.88
(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)	10554.00	214353.88
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.)	176.71	554.13
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))	10730.71	215408.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10730.71	215408.01

DETAILED SUMMARY PAGE

of Disbursements

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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.....	34000.00	127231.56
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))..	34000.00	127744.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34000.00	127744.33

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	10554.00	214353.88
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10554.00	214103.88
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 / 20

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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 P. Matuz		Date of Receipt M / D / Y 05 / 10 / 2005
Mailing Address 464 Hillside Ave.		Transaction ID: 11096854
City Naugatuck	State CT	Zip Code 06770-2726
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. Carolyn Kay Stansberry		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address Black Hills Foot Clinic 130 Yankee St		Transaction ID: 11104669
City Spearfish	State SD	Zip Code 57783-2948
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. Barry J. Drossner		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 3722 N.E. 200th St		Transaction ID: 11104671
City Aventura	State FL	Zip Code 33180-5064
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 7 / 20

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Barry H. Black		Date of Receipt M / D / Y 05 / 11 / 2005
Mailing Address 104-40 Queens Blvd.		Transaction ID: 11104670
City Forest Hills	State NY	Zip Code 11375-3658
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 R. Vanderheyden		Date of Receipt M / D / Y 05 / 12 / 2005
Mailing Address Foot Specialists of N. Co. Pod. Gr 1011 S. Santa Fe Ave. #F		Transaction ID: 11109793
City Vista	State CA	Zip Code 92083-6918
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. James M. Flynn		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 10218 Mantle Ct		Transaction ID: 11171598
City Oklahoma City	State OK	Zip Code 73162-4437
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)	▶	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 8 / 20

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Bryan L. Cain		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 2715 S.W. Bishop Rd.		Transaction ID: 11171603
City Lawton	State OK	Zip Code 73505-0885
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. Ronald R. Vanderheyden		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address Foot Specialists of N. Co. Pod. Gr 1011 S. Santa Fe Ave. #F		Transaction ID: 11171593
City Vista	State CA	Zip Code 92083-6918
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 ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles D. Anderson		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 308 Chautauqua Ave.		Transaction ID: 11171597
City Norman	State OK	Zip Code 73069-5504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 350.00
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Jill Lynn Jackson-Smith		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 8820 S. 92nd E. Ct.		Transaction ID: 11171604
City Tulsa	State OK	Zip Code 74133-4441
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. Christopher Austin Moon		Date of Receipt M / D / Y 05 / 20 / 2005
Mailing Address 123 Red Cloud #907		Transaction ID: 11171595
City Lafayette	State IN	Zip Code 47905-6632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Jack Francis		Date of Receipt M / D / Y 05 / 24 / 2005
Mailing Address Box 70225		Transaction ID: 11174230
City Tulsa	State OK	Zip Code 74170-2225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 251.00
Name of Employer Retired	Occupation Association Executive	Aggregate Year-to-Date ▼ 251.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	826.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Albert R. Brown		Date of Receipt M / D / Y 05 / 24 / 2005
Mailing Address 5714 Guava Dr.		Transaction ID: 11174227
City Tamarac	State FL	Zip Code 33319-3018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas R. Kemp		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 2711 Longview Ln.		Transaction ID: 11178658
City Suamico	State WI	Zip Code 54173-8020
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 Monti		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 3200 Penbroke Pl.		Transaction ID: 11181680
City Lexington	State KY	Zip Code 40509-2018
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)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Paul E. Tipton		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 159 Westwind Rd.		Transaction ID: 11181681
City Louisville	State KY	Zip Code 40207-1545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph S. Wells		Date of Receipt M / D / Y 05 / 31 / 2005
Mailing Address 39195 Calle De Campanera		Transaction ID: 11181699
City Murrieta	State CA	Zip Code 92562-7135
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)	▶	5526.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Investment Account, Interest/Dividends		Date of Receipt M / D / Y 05 / 01 / 2005
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		Transaction ID: 11174304
City Baltimore	State MD	Zip Code 21202-1036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 176.71
Name of Employer Laggi Mason Wood Walker, Inc.	Occupation Investment Firm	interest income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 554.13	

SUBTOTAL of Receipts This Page (optional)	▶	176.71
TOTAL This Period (last page this line number only)	▶	176.71

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Cantor For Congress			Transaction ID: 11096353 Date of Disbursement 05 / 06 / 2005		
Mailing Address P. O. Box 17813			Amount of Each Disbursement this Period 1000.00		
City Richmond	State VA	Zip Code 23226	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Eric I. Cantor			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: VA District: 7					

Full Name (Last, First, Middle Initial) B. Friends Of Mary Landrieu Inc			Transaction ID: 11096351 Date of Disbursement 05 / 06 / 2005		
Mailing Address 607 14th Street Nw Suite 800 Suite 1434			Amount of Each Disbursement this Period 1000.00		
City Washington	State DC	Zip Code 20005	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Sen. Mary L. Landrieu			2006 Primary Election		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: LA District: 1					

Full Name (Last, First, Middle Initial) C. Lewis For Congress Committee			Transaction ID: 11096350 Date of Disbursement 05 / 06 / 2005		
Mailing Address P.O. Box 247			Amount of Each Disbursement this Period 1000.00		
City Redlands	State CA	Zip Code 92373	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Jerry Lewis			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: CA District: 41					

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)

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

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

Full Name (Last, First, Middle Initial) A. Hastert For Congress Committee		Transaction ID: 11096367 Date of Disbursement 05 / 06 / 2005	
Mailing Address P. O. Box 625 PO Box 625		Amount of Each Disbursement this Period 2500.00	
City Batavia	State IL	Zip Code 60510	011 Category/ Type
Purpose of Disbursement 2006 Primary Election		Disbursement For: 2006 Primary General	
Candidate Name Rep. J. Dennis Hastert			
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		2006 Primary Election
State: IL	District: 14		

Full Name (Last, First, Middle Initial) B. Charles Boustany Jr. For Congress		Transaction ID: 11096352 Date of Disbursement 05 / 06 / 2005	
Mailing Address Post Office Box 80126		Amount of Each Disbursement this Period 1000.00	
City Lafayette	State LA	Zip Code 70508	011 Category/ Type
Purpose of Disbursement 2006 Primary Election		Disbursement For: 2006 Primary General	
Candidate Name Rep. Charles Boustany, Jr.			
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		2006 Primary Election
State: LA	District: 7		

Full Name (Last, First, Middle Initial) C. LEAD PAC		Transaction ID: 11096347 Date of Disbursement 05 / 06 / 2005	
Mailing Address P.O. Box 12703		Amount of Each Disbursement this Period 3000.00	
City San Antonio	State TX	Zip Code 78212	011 Category/ Type
Purpose of Disbursement 2005 Contribution		Disbursement For: 2005 Primary General	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2005 Primary General Other (specify) ▼		2005 Contribution
State:	District:		

SUBTOTAL of Disbursements This Page (optional) ▶ **6500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Earl Pomeroy For Congress

Mailing Address P.O. Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Earl Pomeroy

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

State: ND District 1

011
Category/
Type

Transaction ID: 11120258
Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)
B. Ensign For Senate

Mailing Address 8917 Stafford Springs Drive

City Las Vegas State NV Zip Code 89134

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. John E. Ensign

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

State: NV District 2

011
Category/
Type

Transaction ID: 11120257
Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

2000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)
C. Friends of Gordon Smith

Mailing Address 228 S Washington St.
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2006 Primary Election

Candidate Name
Senator Gordon H. Smith

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

State: OR District 2

011
Category/
Type

Transaction ID: 11120273
Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

1500.00

2006 Primary Election

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)
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dave Camp For Congress 2006		Transaction ID: 11120255 Date of Disbursement 05 / 13 / 2005	
Mailing Address 5915 Eastman Ave. Suite 100 5915 Eastman Ave. Suite 100		Amount of Each Disbursement this Period 1000.00	
City Midland State MI Zip Code 48640	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. David Lee Camp			
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: MI District: 4			

Full Name (Last, First, Middle Initial) B. Nathan Deal For Congress		Transaction ID: 11120254 Date of Disbursement 05 / 13 / 2005	
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 4000.00	
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Nathan Deal			
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: GA District: 10			

Full Name (Last, First, Middle Initial) C. Volunteers For Shimkus		Transaction ID: 11120274 Date of Disbursement 05 / 13 / 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	2006 Primary Election
Candidate Name Rep. John M. Shimkus			
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: IL District: 19			

SUBTOTAL of Disbursements This Page (optional) ► **6000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DeWine For Congress Committee

Mailing Address 4440 Glen-Este Withamsville Road

City Cincinnati State OH Zip Code 45245

Purpose of Disbursement
2005 Ohio Special Election

Candidate Name
Mr. R. Patrick DeWine

Office Sought: House
Senate
President

State: OH District 2

Disbursement For: 2005
Primary General
 Other (specify) ▼
Special-Primary

011
Category/
Type

Transaction ID: 11120275

Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Ohio Special Election

Full Name (Last, First, Middle Initial)

B. Republican Majority Fund

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
2005 Contribution

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11120285

Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

2500.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Johnson For Congress Committee

Mailing Address P.O. Box 1888

City New Britain State CT Zip Code 06050

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Nancy L. Johnson

Office Sought: House
Senate
President

State: CT District 5

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

011
Category/
Type

Transaction ID: 11107645

Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

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

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

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

Full Name (Last, First, Middle Initial) A. Darlene Hooley For Congress			Transaction ID: 11167646 Date of Disbursement 05 / 19 / 2005		
Mailing Address 6404 Failing St			Amount of Each Disbursement this Period 1000.00		
City West Linn State OR Zip Code 97088	Purpose of Disbursement 2006 Primary Election		011 Category/ Type		
Candidate Name Darlene Hooley		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: OR District: 5					

Full Name (Last, First, Middle Initial) B. Boyd for Congress Committee			Transaction ID: 11167643 Date of Disbursement 05 / 19 / 2005		
Mailing Address P.O. Box 15703			Amount of Each Disbursement this Period 1000.00		
City Tallahassee State FL Zip Code 32317-5703	Purpose of Disbursement 2006 Primary Election		011 Category/ Type		
Candidate Name Mr. Allen Boyd		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: FL District: 2					

Full Name (Last, First, Middle Initial) C. Wynn for Congress			Transaction ID: 11167640 Date of Disbursement 05 / 19 / 2005		
Mailing Address P.O. Box 6323			Amount of Each Disbursement this Period 1000.00		
City Capitol Heights State MD Zip Code 20791	Purpose of Disbursement 2006 Primary Election		011 Category/ Type		
Candidate Name Mr. Albert R. Wynn		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: 4					

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)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address P.O. Box 261080

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
2006 Primary Election

Candidate Name
Mr. Xavier Becerra

Office Sought: House
Senate
President

State: CA District: 30

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 11167644

Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

2500.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Mary Bono Committee

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 02263

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Mary Bono

Office Sought: House
Senate
President

State: CA District: 45

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 11167642

Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Diane E Watson For Congress

Mailing Address 601 S Glenoaks Bl #211

City Burbank State CA Zip Code B1502

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Diane E. Watson

Office Sought: House
Senate
President

State: CA District: 33

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 11167647

Date of Disbursement

05 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

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)

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

Full Name (Last, First, Middle Initial) A. Chandler For Congress		Transaction ID: 11167641 Date of Disbursement 05 / 19 / 2005	
Mailing Address PO Box 12678		Amount of Each Disbursement this Period 1000.00	
City Lexington State KY Zip Code 40583	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Benjamin Chandler	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: KY District 6			

Full Name (Last, First, Middle Initial) B. Ryan For Congress		Transaction ID: 11177650 Date of Disbursement 05 / 27 / 2005	
Mailing Address P. O. Box 1919 P. O. Box 1919		Amount of Each Disbursement this Period 1000.00	
City Janesville State WI Zip Code 53547	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Paul Ryan	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 1			

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	34000.00