

**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)

Jul 20 (M7)

X 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

09

01

2005

through

09

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

10

19

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: <sup>M</sup>09 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		284106.18
(b) Cash on Hand at Beginning of Reporting Period .....	377003.48	
(c) Total Receipts (from Line 19) .....	30367.35	345833.99
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	407370.83	629940.17
<hr/>		
7. Total Disbursements (from Line 31) .....	64800.00	287369.34
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	342570.83	342570.83
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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: <sup>M</sup>09 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>09 <sup>-</sup>30 <sup>-</sup>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) .....	10424.00	202105.95
(ii) Unitemized .....	19730.00	142045.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	30154.00	344150.95
(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) .....	30154.00	344150.95
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.) .....	213.35	1183.04
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)) .....	30367.35	345833.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30367.35	345833.99

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	64600.00	286856.57
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	250.00
29. Other Disbursements.....	0.00	27.86
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election 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))..	64600.00	287369.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	64600.00	287369.34

**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) .....	30154.00	344150.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30154.00	343900.95
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 / 33

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael R. Droulette</b>		Date of Receipt M / D / Y 09 / 01 / 2005
Mailing Address 113D4 Odell Farms Ct.		Transaction ID: 11514064
City Beltsville	State MD	Zip Code 20705-4106
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Bruce A. Soudry</b>		Date of Receipt M / D / Y 09 / 02 / 2005
Mailing Address Murchison Medical Bldg. 1810 Murchison #206		Transaction ID: 11514650
City El Paso	State TX	Zip Code 79902-2906
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Beverly A. Spurs</b>		Date of Receipt M / D / Y 09 / 06 / 2005
Mailing Address 3213 Oxford Pl.		Transaction ID: 11518890
City Concord	State CA	Zip Code 94518-1405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1100.00</b>
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 / 33  
(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) <b>A. Dr. Albert J. Chaparo</b>		Date of Receipt M / D / Y Y Y Y 09 / 06 / 2005
Mailing Address 248D Mission St. #104		Transaction ID: 11518897
City	State	Zip Code
San Francisco	CA	94110-2431
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>B. Dr. Jane E. Grabner</b>		Date of Receipt M / D / Y Y Y Y 09 / 07 / 2005
Mailing Address 4351 Fry Rd.		Transaction ID: 11518863
City	State	Zip Code
Ostrander	OH	43061-9449
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Marc A. Benard</b>		Date of Receipt M / D / Y Y Y Y 09 / 07 / 2005
Mailing Address 22910 Crenshaw Blvd. #B		Transaction ID: 11518865
City	State	Zip Code
Torrance	CA	90505-5023
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 33

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Rex Smith</b>		Date of Receipt M / D / Y 09 / 07 / 2005	
Mailing Address 108D Chambers St.		Transaction ID: 11518878	
City Eugene	State OR	Zip Code 97402-3781	Amount of Each Receipt this Period 249.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 249.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael L. Wodak</b>		Date of Receipt M / D / Y 09 / 08 / 2005	
Mailing Address 10 Bristol Dr.		Transaction ID: 11531648	
City Middletown	State NY	Zip Code 10941-5206	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Tony Dale Quinton</b>		Date of Receipt M / D / Y 09 / 12 / 2005	
Mailing Address 3131 Legacy Dr.		Transaction ID: 11533278	
City Anchorage	State AK	Zip Code 99518-2785	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>749.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 33  
(check only one)  
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. Andrew G. Samuels</b>		Date of Receipt M / D / Y 09 / 12 / 2005
Mailing Address 945 W. 7th St.		Transaction ID: 11533286
City Oxnard	State CA	Zip Code 93030-6756
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. David W. Powell</b>		Date of Receipt M / D / Y 09 / 13 / 2005
Mailing Address 11020 Upper Mt. Vernon Rd.		Transaction ID: 11533286
City Mount Vernon	State IN	Zip Code 47620-9073
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Frank S. Campo</b>		Date of Receipt M / D / Y 09 / 13 / 2005
Mailing Address N. End Foot Center 260 North St.		Transaction ID: 11533286
City Boston	State MA	Zip Code 02113-2108
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 33  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. David P. Rosenzweig</b>		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address 5 Blanchard Rd.		Transaction ID: 11536488
City Greenwich	State CT	Zip Code 06831-3676
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Norman S. Regal</b>		Date of Receipt M / D / Y 09 / 15 / 2005
Mailing Address The Triad Foot Center 2708 St. Jude St.		Transaction ID: 11536493
City Greensboro	State NC	Zip Code 27405-3675
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Neal R. Frankel</b>		Date of Receipt M / D / Y 09 / 19 / 2005
Mailing Address Foot & Ankle Centre 3D S. Michigan Ave. #3D2		Transaction ID: 11544850
City Chicago	State IL	Zip Code 60603-5225
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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FOR LINE NUMBER: PAGE 11 / 33  
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 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. Kelly S. Stagg</b>		Date of Receipt M / D / Y 09 / 10 / 2005
Mailing Address 807B Sharon Cir.		Transaction ID: 11574857
City	State	Zip Code
Opden	UT	84403-5006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen A. Monaco</b>		Date of Receipt M / D / Y 09 / 10 / 2005
Mailing Address 9 Fox Brook Ln.		Transaction ID: 11544853
City	State	Zip Code
Thomton	PA	19373-1126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Ronald W. Huger</b>		Date of Receipt M / D / Y 09 / 10 / 2005
Mailing Address Huger Foot & Ankle Specialists 1614 N. Harlem Ave.		Transaction ID: 11544854
City	State	Zip Code
Elmwood Park	IL	60707-4395
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 33  
(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) <b>A. Dr. John N. Evans</b>		Date of Receipt 09 / 10 / 2005
Mailing Address 547 E. Huron		Transaction ID: 11544852
City Milford	State MI	Zip Code 48381-2424
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Douglas G. Stoker</b>		Date of Receipt 09 / 10 / 2005
Mailing Address 3985 Parkview Dr.		Transaction ID: 11544851
City Salt Lake City	State UT	Zip Code 84124-2323
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Jay C. Goldstein</b>		Date of Receipt 09 / 10 / 2005
Mailing Address 2826 N.W. 83rd Pl.		Transaction ID: 11545240
City Portland	State OR	Zip Code 97229-4151
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼		

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

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

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

FOR LINE NUMBER: PAGE 13 / 33

(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) <b>A. Dr. Kimberly Marie Eichmeier</b>		Date of Receipt M / D / Y 09 / 10 / 2005
Mailing Address 4701 Brittany Trail Dr.		Transaction ID: 11574660
City Champaign	State IL	Zip Code 61822-3549
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 275.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Shane M. Holwell</b>		Date of Receipt M / D / Y 09 / 10 / 2005
Mailing Address 144D Garrett Dr.		Transaction ID: 11574676
City Wall Township	State NJ	Zip Code 07719-9647
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Lee E. Frestone</b>		Date of Receipt M / D / Y 09 / 20 / 2005
Mailing Address 2021 K St. N.W. #520		Transaction ID: 11574692
City Washington	State DC	Zip Code 20008-1003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>925.00</b>
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 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony M. Overton, Jr.		Date of Receipt M / D / Y Y Y Y 09 / 28 / 2005
Mailing Address 21032 Apollo Cir.		Transaction ID: 11581354
City Olympia Fields	State IL	Zip Code 60461-1831
FEC ID number of contributing federal political committee. <b>C</b>		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. Mackie J. Walker, Jr.		Date of Receipt M / D / Y Y Y Y 09 / 28 / 2005
Mailing Address 116B Richardsons Lake Rd.		Transaction ID: 11574585
City Aiken	State SC	Zip Code 29803-9233
FEC ID number of contributing federal political committee. <b>C</b>		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. Marc D. Lenet		Date of Receipt M / D / Y Y Y Y 09 / 28 / 2005
Mailing Address 1 Shaded Glen Ct.		Transaction ID: 11574595
City Owings Mills	State MD	Zip Code 21117-5048
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>1000.00</b>
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 / 33  
(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) <b>A. Dr. Timothy C. Ford</b>		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2005
Mailing Address 4000 Hope Ct.		Transaction ID: 11574611
City Louisville	State KY	Zip Code 40220-2231
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Mark L. Yeeke</b>		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2005
Mailing Address 3436 N.E. Riverside School St.		Transaction ID: 11574679
City Pendleton	State OR	Zip Code 97201-3463
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Robert A. Boudreau</b>		Date of Receipt M / D / Y Y Y Y 09 / 26 / 2005
Mailing Address 342B Fry Ave.		Transaction ID: 11581265
City Tyler	State TX	Zip Code 75701-9022
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 / 33  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial) A. Dr. William J. Sarchino		Date of Receipt M / D / Y 09 / 26 / 2005
Mailing Address 885 Spraguetown Rd.		Transaction ID: 11574845
City Greenwich	State NY	Zip Code 12834-3507
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David M. Moss		Date of Receipt M / D / Y 09 / 27 / 2005
Mailing Address 474D Bonnie Ct.		Transaction ID: 11581258
City West Bloomfield	State MI	Zip Code 48322-4467
FEC ID number of contributing federal political committee. <b>C</b>		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. David Brian Day		Date of Receipt M / D / Y 09 / 28 / 2005
Mailing Address 281B Pacific View Trl.		Transaction ID: 11581349
City Los Angeles	State CA	Zip Code 90068-2048
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>750.00</b>
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 / 33

(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) <b>A. Dr. Charles John Gudas</b>		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 100 Rutledge Ave		Transaction ID: 11595786
City Charleston	State SC	Zip Code 29401-1723
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Robert A. Sampson</b>		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 10535 N.E. Glisan St. #36D		Transaction ID: 11595801
City Portland	State OR	Zip Code 97220-4076
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Fadl Elke Mlak</b>		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address P.O. Box 128		Transaction ID: 11595798
City Winchester	State OR	Zip Code 97455-0128
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	500.00
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 / 33  
(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) <b>A. Dr. Kash K. Siepert</b>		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 2300 Stewart Plwy.		Transaction ID: 11595802
City Roseburg	State OR	Zip Code 97470-1597
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
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>B. Dr. Lyndon G. Johansen</b>		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 2025 S.W. Daybreak Way		Transaction ID: 11595796
City Troutdale	State OR	Zip Code 97060-4468
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Peter A. Miller</b>		Date of Receipt M / D / Y 09 / 30 / 2005
Mailing Address 121B Painter Rd.		Transaction ID: 11595041
City Middlebury	State VT	Zip Code 05753-8538
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	10424.00

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

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

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		09 / 30 / 2005
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee.		Transaction ID: 11637286
C		Amount of Each Receipt this Period
		213.35
Name of Employer Laggi Mason Wood Walker Inc.	Occupation Investment Firm	
Receipt For: Primary          General Other (specify) ▼	Aggregate Year-to-Date ▼	
	1393.11	

SUBTOTAL of Receipts This Page (optional) .....	▶	213.35
TOTAL This Period (last page this line number only) .....	▶	213.35

**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

A. Full Name (Last, First, Middle Initial)  
Johnson For Congress Committee

Mailing Address P.O. Box 1986

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: 11514099

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

B. Full Name (Last, First, Middle Initial)

Darlene Hooley For Congress

Mailing Address 6404 Failing St

City West Linn State OR Zip Code 97068

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Darlene Hooley

Office Sought:  House  
Senate  
President

State: OR District 5

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

011  
Category/  
Type

Transaction ID: 11514102

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

C. Full Name (Last, First, Middle Initial)

Kyl for Senate

Mailing Address POST OFFICE BOX 10246

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement  
2006 General Election

Candidate Name  
Jon Kyl

Office Sought: House  
 Senate  
President

State: AZ District 2

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

011  
Category/  
Type

Transaction ID: 11472508

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

3000.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

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(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) <b>A. Citizens For Gillmor</b>		Transaction ID: 11514097 Date of Disbursement 09 / 06 / 2005	
Mailing Address P.O. Box 150		Amount of Each Disbursement this Period 1000.00	
City Old Fort State OH Zip Code 44801	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Paul Gillmor	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: OH      District: 5			

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dave Weldon</b>		Transaction ID: 11524506 Date of Disbursement 09 / 09 / 2005	
Mailing Address PO Box 968		Amount of Each Disbursement this Period 1000.00	
City Melbourne State FL Zip Code 32802	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Dave Weldon, M.D.	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: 15			

Full Name (Last, First, Middle Initial) <b>C. Gerald C 'Jerry' Weller For Congress</b>		Transaction ID: 11524504 Date of Disbursement 09 / 09 / 2005	
Mailing Address P.O. Box 687		Amount of Each Disbursement this Period 1000.00	
City Morris State IL Zip Code 60450	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Gerald C. Jerry Weller	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: 11			

**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 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) <b>A. Norwood For Congress</b>		Transaction ID: 11524508 Date of Disbursement 09 / 09 / 2005	
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period 2500.00	
City Evans State GA Zip Code 30809	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Charles W. Norwood	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District 9			

Full Name (Last, First, Middle Initial) <b>B. Citizens For Tom Petri</b>		Transaction ID: 11524502 Date of Disbursement 09 / 09 / 2005	
Mailing Address P.O. Box 270		Amount of Each Disbursement this Period 1000.00	
City Fond Du Lac State WI Zip Code 54606	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Thomas E. Petri	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 8			

Full Name (Last, First, Middle Initial) <b>C. Ros-Lehtinen For Congress</b>		Transaction ID: 11524514 Date of Disbursement 09 / 09 / 2005	
Mailing Address P O Box 52-2784 Suite 100		Amount of Each Disbursement this Period 1000.00	
City Miami State FL Zip Code 33152	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Ileana Ros-Lehtinen	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: FL District 18			

**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) <b>A. The Hawkkey PAC</b>		Transaction ID: 11524503 Date of Disbursement 09 / 09 / 2005	
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 3500.00	
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 2005 Contribution	011 Category/ Type	2005 Contribution
Candidate Name Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Herseth For Congress</b>		Transaction ID: 11524507 Date of Disbursement 09 / 09 / 2005	
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00	
City Sioux Falls State SD Zip Code 57101	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Stephanie Herseth Office Sought: <input checked="" type="checkbox"/> House Senate President State: SD District 1	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) <b>C. Ben Cardin For Senate</b>		Transaction ID: 11524510 Date of Disbursement 09 / 09 / 2005	
Mailing Address PO Box 65058		Amount of Each Disbursement this Period 1000.00	
City Baltimore State MD Zip Code 21209	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Benjamin Cardin Office Sought: House <input checked="" type="checkbox"/> Senate President State: MD District 2	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **5500.00**

**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) <b>A. Friends of Kent Conrad</b>			Transaction ID: 11536807 Date of Disbursement 09 / 15 / 2005		
Mailing Address PO BOX 812			Amount of Each Disbursement this Period 1000.00		
City Bismarck	State ND	Zip Code 58502	011 Category/ Type 2008 Primary Election		
Purpose of Disbursement 2008 Primary Election					
Candidate Name Kent Conrad					
Office Sought: House X Senate President	Disbursement For: 2008 Primary      General X Other (specify) ▼ 2008 Primary Electio				
State: ND      District: 1					

Full Name (Last, First, Middle Initial) <b>B. Friends of Kent Conrad</b>			Transaction ID: 11536808 Date of Disbursement 09 / 15 / 2005		
Mailing Address PO BOX 812			Amount of Each Disbursement this Period 1000.00		
City Bismarck	State ND	Zip Code 58502	011 Category/ Type 2008 General Election		
Purpose of Disbursement 2008 General Election					
Candidate Name Kent Conrad					
Office Sought: House X Senate President	Disbursement For: 2008 Primary      General X Other (specify) ▼ 2008 General Electio				
State: ND      District: 1					

Full Name (Last, First, Middle Initial) <b>C. Hatch Election Committee</b>			Transaction ID: 11536810 Date of Disbursement 09 / 15 / 2005		
Mailing Address 175 SOUTH WEST TEMPLE SUITE 850			Amount of Each Disbursement this Period 5000.00		
City Salt Lake City	State UT	Zip Code 84101	011 Category/ Type 2006 Primary Election		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Orrin G. Hatch					
Office Sought: House X Senate President	Disbursement For: 2006 Primary      General X Other (specify) ▼ 2006 Primary Electio				
State: UT      District: 1					

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **7000.00**

**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  
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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) <b>A. People With Hart Inc</b>		Transaction ID: 11536808 Date of Disbursement 09 / 15 / 2005	
Mailing Address P.O. Box 485		Amount of Each Disbursement this Period 1000.00	
City Wexford State PA Zip Code 15090	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Melissa A. Hart	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District 4			

Full Name (Last, First, Middle Initial) <b>B. Bilirakis For Congress</b>		Transaction ID: 11536805 Date of Disbursement 09 / 15 / 2005	
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 1000.00	
City Tampa State FL Zip Code 33606	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Gus Bilirakis	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: FL District 9			

Full Name (Last, First, Middle Initial) <b>C. Hatch Election Committee</b>		Transaction ID: 11581993 Date of Disbursement 09 / 24 / 2005	
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		Amount of Each Disbursement this Period 1800.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement (In-Kind) Inkind - 2006 General Election	011 Category/ Type	(In-Kind) Inkind - 2006 General Election
Candidate Name Orrin G. Hatch	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District 1			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3800.00**

**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 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) <b>A. Peterson For Congress</b>		Transaction ID: 11574899 Date of Disbursement 09 / 26 / 2005	
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 1000.00	
City Detroit Lakes State MN Zip Code 56501	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Collin C. Peterson	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: MN District 7			

Full Name (Last, First, Middle Initial) <b>B. David Wu for Congress</b>		Transaction ID: 11574900 Date of Disbursement 09 / 26 / 2005	
Mailing Address 818 SW 3RD ST #1182		Amount of Each Disbursement this Period 1000.00	
City Portland State OR Zip Code 97205	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name David Wu	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: OR District 1			

Full Name (Last, First, Middle Initial) <b>C. Davis for Congress</b>		Transaction ID: 11574896 Date of Disbursement 09 / 26 / 2005	
Mailing Address 5830 W. Division St.		Amount of Each Disbursement this Period 1000.00	
City Chicago State IL Zip Code 60651	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Danny K. Davis	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 7			

**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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(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) <b>A. Steve Rothman For Congress Inc.</b>		Transaction ID: 11574808 Date of Disbursement 09 / 26 / 2005	
Mailing Address Post Office Box 714		Amount of Each Disbursement this Period 1000.00	
City Hackensack State NJ Zip Code 07602	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Steven R. Rothman	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: NJ District 9			

Full Name (Last, First, Middle Initial) <b>B. Geoff Davis For Congress</b>		Transaction ID: 11574802 Date of Disbursement 09 / 26 / 2005	
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00	
City Erlanger State KY Zip Code 41018	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Geoffrey Davis	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 4			

Full Name (Last, First, Middle Initial) <b>C. Ryan For Congress</b>		Transaction ID: 11574907 Date of Disbursement 09 / 26 / 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) ..... ► **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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<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) <b>A. Christopher Shays For Congress Committee</b>		Transaction ID: 11574882 Date of Disbursement 09 / 26 / 2005
Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building		Amount of Each Disbursement this Period  2000.00
City Norwalk State CT Zip Code 06851	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		2006 Primary Election
Candidate Name Rep. Christopher Shays		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: CT District: 4		

Full Name (Last, First, Middle Initial) <b>B. Price For Congress</b>		Transaction ID: 11574887 Date of Disbursement 09 / 26 / 2005
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period  1000.00
City Roswell State GA Zip Code 30077	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		2006 Primary Election
Candidate Name Mr. Thomas Price		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: GA District: 8		

Full Name (Last, First, Middle Initial) <b>C. McNulty For Congress Committee</b>		Transaction ID: 11574893 Date of Disbursement 09 / 26 / 2005
Mailing Address P.O. Box 1580		Amount of Each Disbursement this Period  1000.00
City Green Island State NY Zip Code 12183	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		2006 Primary Election
Candidate Name Rep. Michael R. McNulty		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: NY District: 21		

**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)  
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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. People For Juanita McDonald For Congress, The**

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. Juanita Millender-McDonald

Office Sought:  House  Senate  President  
State: CA District: 37

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

Transaction ID: 11574898  
Date of Disbursement  
09 / 26 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type  
2006 Primary Election

Full Name (Last, First, Middle Initial)  
**B. Schiff For Congress**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. Adam B. Schiff

Office Sought:  House  Senate  President  
State: CA District: 28

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

Transaction ID: 11574901  
Date of Disbursement  
09 / 26 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type  
2006 Primary Election

Full Name (Last, First, Middle Initial)  
**C. Glacier PAC**

Mailing Address B18 Connecticut Ave. NW  
Suite 1100

City Washington State DC Zip Code 20008

Purpose of Disbursement  
2005 Leadership PAC Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District

Disbursement For:  Primary  General  
Other (specify) ▼

Transaction ID: 11574884  
Date of Disbursement  
09 / 26 / 2005

Amount of Each Disbursement this Period  
5000.00

011  
Category/  
Type  
2005 Leadership PAC Contrib-  
ution

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **7000.00**

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

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

Use separate schedule(s)  
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<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. Sanders For Senate

Mailing Address PO Box 391

City Burlington State VT Zip Code 05402

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Mr. Bernard Sanders

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

011  
Category/  
Type

Transaction ID: 11574884  
Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

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

Mailing Address 800 W Hines Street

City Wilson State NC Zip Code 27803

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. George Butterfield

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

011  
Category/  
Type

Transaction ID: 11574885  
Date of Disbursement

09 / 26 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)  
C. Volunteers For Shimkus

Mailing Address P.O. Box 5458  
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. John M. Shimkus

Office Sought:  House Disbursement For: 2006  
 Senate Primary General  
 President  
 State: IL District: 19  Other (specify) ▼  
 2006 Primary Electio

011  
Category/  
Type

Transaction ID: 11575489  
Date of Disbursement

09 / 27 / 2005

Amount of Each Disbursement this Period

2000.00

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)  
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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) <b>A. Kildee For Congress Committee</b>		Transaction ID: 11582467 Date of Disbursement 09 / 29 / 2005	
Mailing Address P.O. Box 317		Amount of Each Disbursement this Period 1000.00	
City Flint	State MI	Zip Code 48501	011 Category/ Type
Purpose of Disbursement 2006 Primary Election			
Candidate Name Rep. Dale E. Kildee		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: MI        District: 5			

Full Name (Last, First, Middle Initial) <b>B. Gerald C 'Jerry' Weller For Congress</b>		Transaction ID: 11582465 Date of Disbursement 09 / 29 / 2005	
Mailing Address P.O. Box 687		Amount of Each Disbursement this Period 2500.00	
City Morris	State IL	Zip Code 60450	011 Category/ Type
Purpose of Disbursement 2006 Primary Election			
Candidate Name Mr. Gerald C. Jerry Weller		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: IL        District: 11			

Full Name (Last, First, Middle Initial) <b>C. Friends of Conrad Burns</b>		Transaction ID: 11582460 Date of Disbursement 09 / 29 / 2005	
Mailing Address P.O. Box 3311		Amount of Each Disbursement this Period 2000.00	
City Billings	State MT	Zip Code 59103	011 Category/ Type
Purpose of Disbursement 2006 Primary Election			
Candidate Name Senator Conrad Burns		2006 Primary Election	
Office Sought:   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: MT        District: 2			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5500.00**

**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 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) <b>A. Friends of Kent Conrad</b>		Transaction ID: 11582461 Date of Disbursement 09 / 29 / 2005	
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 4000.00	
City Bismarck State ND Zip Code 58502	Purpose of Disbursement 2006 General Election	011 Category/ Type	2006 General Election
Candidate Name Kent Conrad	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
Office Sought: House <input checked="" type="checkbox"/> Senate President State: ND District 1			

Full Name (Last, First, Middle Initial) <b>B. Putnam For Congress</b>		Transaction ID: 11582464 Date of Disbursement 09 / 29 / 2005	
Mailing Address Post Office Box 2257		Amount of Each Disbursement this Period 1000.00	
City Bartow State FL Zip Code 33831	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Adam H. Putnam	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District 12			

Full Name (Last, First, Middle Initial) <b>C. Doyle For Congress Committee</b>		Transaction ID: 11582466 Date of Disbursement 09 / 29 / 2005	
Mailing Address 2227 Hampton Street 2227 Hampton Street		Amount of Each Disbursement this Period 1000.00	
City Pittsburgh State PA Zip Code 15218	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Michael F. Doyle	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District 14			

**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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(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) <b>A. Campaign For Maryland</b>		Transaction ID: 11582468 Date of Disbursement 09 / 29 / 2005	
Mailing Address 220 Broadway		Amount of Each Disbursement this Period 1000.00	
City Centerville	State MD	Zip Code 21617	011 Category/ Type
Purpose of Disbursement 2005 Leadership PAC Contribution			
Candidate Name			2005 Leadership PAC Contribution
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District			

Full Name (Last, First, Middle Initial) <b>B. Barbara Lee For Congress</b>		Transaction ID: 11582474 Date of Disbursement 09 / 29 / 2005	
Mailing Address 1736 Franklin Street #500		Amount of Each Disbursement this Period 1000.00	
City Oakland	State CA	Zip Code 04612	011 Category/ Type
Purpose of Disbursement 2006 Primary Election			
Candidate Name Rep. Barbara Lee			2006 Primary Election
Office Sought:	x House Senate President	Disbursement For: 2006 Primary General X Other (specify) ▼	
State: CA District 9	2006 Primary Electio		

Full Name (Last, First, Middle Initial) <b>C. Norwood For Congress</b>		Transaction ID: 11583143 Date of Disbursement 09 / 30 / 2005	
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period 1500.00	
City Evans	State GA	Zip Code 30809	011 Category/ Type
Purpose of Disbursement			
Candidate Name Rep. Charles W. Norwood			2006 Primary Election
Office Sought:	x House Senate President	Disbursement For: 2006 Primary General X Other (specify) ▼	
State: GA District 9	2006 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) .....	▶	3500.00
TOTAL This Period (last page this line number only) .....	▶	64800.00