

**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

C00008839

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)

X

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2005

through

10

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

11

17

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^M10 ^{: :}01 ^{Y (Y)}2005 To: ^M10 ^{: :}31 ^{Y (Y)}2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y)} 2005		284106.18
(b) Cash on Hand at Beginning of Reporting Period	342570.83	
(c) Total Receipts (from Line 19)	21889.60	367723.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	364460.43	651829.77
<hr/>		
7. Total Disbursements (from Line 31)	44513.49	331882.83
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	319946.94	319946.94
<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: ^M10 ⁻01 ⁻2005 To: ^M10 ⁻31 ⁻2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8300.00	210195.88
(ii) Unitemized	13364.00	155409.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	21664.00	365604.88
(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)	21664.00	365604.88
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.)	225.60	1618.71
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))	21889.60	367723.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21889.60	367723.59

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.....	-2.82	232.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	-2.82	232.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44516.31	331372.66
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	250.00
29. Other Disbursements.....	0.00	27.86
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))..	44513.49	331882.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	44513.49	331882.83

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)	21664.00	365604.88
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21664.00	365354.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-2.82	232.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-2.82	232.09

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

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

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Dr. Ronald C. Heiman		Date of Receipt M / D / Y Y Y Y 10 / 03 / 2005	
Mailing Address 9543 Bridlewood Trl.		Transaction ID: 11626081	
City Centerville	State OH	Zip Code 45458-9320	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) B. Dr. Thomas S. Godfryd		Date of Receipt M / D / Y Y Y Y 10 / 05 / 2005	
Mailing Address 4988 Heather Point		Transaction ID: 11619218	
City Birmingham	State AL	Zip Code 35242-3950	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00		
Full Name (Last, First, Middle Initial) C. Dr. Richard J. Miller		Date of Receipt M / D / Y Y Y Y 10 / 06 / 2005	
Mailing Address 240B Houston Branch Rd.		Transaction ID: 11626218	
City Charlotte	State NC	Zip Code 28270-0777	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Stephen M. Geller		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address 173B W. Laurie Ln.		Transaction ID: 11641954
City Phoenix	State AZ	Zip Code 85021-5258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William M. Hansen		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address 470 W 24th St. #16A		Transaction ID: 11641952
City New York	State NY	Zip Code 10011-1238
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. Timothy E. Pitts		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address Valdosta Podiatry Associates, P.C. 2718 N. Oak St.		Transaction ID: 11642710
City Valdosta	State GA	Zip Code 31602-1781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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. Steven M. Spinner		Date of Receipt M / D / Y 10 / 13 / 2005
Mailing Address 1031 Coralina Ln.		Transaction ID: 11641959
City Delray Beach	State FL	Zip Code 33483-6792
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ruth Ann Cooper		Date of Receipt M / D / Y 10 / 14 / 2005
Mailing Address 4415 Aicholtz Rd. #200		Transaction ID: 11660448
City Cincinnati	State OH	Zip Code 45245-1506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael J. Marcus		Date of Receipt M / D / Y 10 / 14 / 2005
Mailing Address 405 Goldenrod Ave.		Transaction ID: 11660455
City Corona Del Mar	State CA	Zip Code 92625-2513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 9 / 26
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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael J. Sabo		Date of Receipt M / D / Y Y Y Y 10 / 17 / 2005
Mailing Address 354 Weisinger Ln.		Transaction ID: 11680657
City	State	Zip Code
Lufkin	TX	75904-6630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven F. Lakamp		Date of Receipt M / D / Y Y Y Y 10 / 18 / 2005
Mailing Address 810 Miami Ave.		Transaction ID: 11685461
City	State	Zip Code
Terrace Park	OH	45174-1132
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. Gary S. Scheinin		Date of Receipt M / D / Y Y Y Y 10 / 19 / 2005
Mailing Address 555 Knowles Dr. #220		Transaction ID: 11680217
City	State	Zip Code
Los Gatos	CA	95032-1551
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(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. David C. Cavalero		Date of Receipt M / D / Y 10 / 19 / 2005	
Mailing Address 12008 Remington Rd.		Transaction ID: 11660425	
City Oklahoma City	State OK	Zip Code 73170-4854	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. Anthony D. Cozzolino		Date of Receipt M / D / Y 10 / 19 / 2005	
Mailing Address 7581 Polo Ln.		Transaction ID: 11660427	
City Powell	State OH	Zip Code 43065-6835	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Jason A. Wetland		Date of Receipt M / D / Y 10 / 19 / 2005	
Mailing Address 106 3rd St. S.W.		Transaction ID: 11660424	
City Watertown	State SD	Zip Code 57201-4238	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

**SCHEDULE A (FEC Form 3X)
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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Dr. Glenn F. DeVries Mailing Address W13300 C.R. AS City State Zip Code Brandon WI 53019-9309 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Podiatrist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 10 / 24 / 2005 Transaction ID: 11665431 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Richard S. Cutler Mailing Address 361 Granville Rd. City State Zip Code North Granby CT 06060-1008 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Podiatrist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 10 / 24 / 2005 Transaction ID: 11667318 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Keith A. Turington Mailing Address 10000 Watson Rd. #2R City State Zip Code Saint Louis MO 63128-1854 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Podiatrist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M / D / Y Y Y Y 10 / 24 / 2005 Transaction ID: 11667312 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

**SCHEDULE A (FEC Form 3X)
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 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. Chris A. Klimovich		Date of Receipt M / D / Y Y Y Y 10 / 24 / 2005
Mailing Address 12630 Panasoffkee Dr.		Transaction ID: 11665428
City North Fort Myers	State FL	Zip Code 33903-4748
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. Gordon W. Patton		Date of Receipt M / D / Y Y Y Y 10 / 24 / 2005
Mailing Address 175 Melody Ln.		Transaction ID: 11667303
City Fayetteville	State GA	Zip Code 30215-5404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian G. Ralph		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005
Mailing Address 4 Glenwood Ave.		Transaction ID: 11667349
City Charleston	State SC	Zip Code 29403-4328
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)	800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
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 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. Lareen M. Flaherty		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005
Mailing Address 2303 W Sunset		Transaction ID: 11667350
City	State	Zip Code
Visalia	CA	93291-4501
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. Marc J. Hudes		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005
Mailing Address 22 Sunset Dr.		Transaction ID: 11667347
City	State	Zip Code
Monticello	NY	12701-4500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Norman Koniklat		Date of Receipt M / D / Y Y Y Y 10 / 25 / 2005
Mailing Address 3579 Tuckers Farm Ln.		Transaction ID: 11667351
City	State	Zip Code
Marietta	GA	30067-5182
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 / 26

(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. Benjamin W. Weaver		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address Central KS Podiatry Associates 613 N. Main		Transaction ID: 11667354
City El Dorado	State KS	Zip Code 67042-2027
FEC ID number of contributing federal political committee. C		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) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Howard G. Grushel		Date of Receipt M / D / Y 10 / 25 / 2005
Mailing Address 2308 Greenside Ct.		Transaction ID: 11667348
City Ponte Vedra Beach	State FL	Zip Code 32082-3700
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. Steven L. Hobbs		Date of Receipt M / D / Y 10 / 27 / 2005
Mailing Address 549 W. Chocolate Ave.		Transaction ID: 11684067
City Hershey	State PA	Zip Code 17033-1640
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)	900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 26

(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. Andrew S. Bear		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 83 Greenwood Ave.		Transaction ID: 11684057
City Madison	State NJ	Zip Code 07840-2129
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. Terance Scott Pedersen		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 122 Lake Shore Dr.		Transaction ID: 11687061
City Utica	State SD	Zip Code 57067-5810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Donald James Carlson		Date of Receipt M / D / Y 10 / 31 / 2005
Mailing Address 711 N.W. 8th St		Transaction ID: 11684044
City Pendleton	State OR	Zip Code 97801-1319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	8300.00

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

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

FOR LINE NUMBER: PAGE 16 / 26
(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 Mailing Address 100 Light St., 19th Floor P.O. Box 1476 City Baltimore State MD Zip Code 21202-1036 FEC ID number of contributing federal political committee. C	Date of Receipt M / D / Y 10 / 31 / 2005 Transaction ID: 11719688 Amount of Each Receipt this Period 225.60
Name of Employer Legg Mason Wood Walker, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼ 1618.71

SUBTOTAL of Receipts This Page (optional)	▶	225.60
TOTAL This Period (last page this line number only)	▶	225.60

**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. Weldon Victory Committee			Transaction ID: 11620275 Date of Disbursement 10 / 06 / 2005		
Mailing Address P. O. Box 1992			Amount of Each Disbursement this Period 2500.00		
City Media	State PA	Zip Code 19083	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Curt Weldon			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: PA District: 7					

Full Name (Last, First, Middle Initial) B. Wexler for Congress Committee			Transaction ID: 11634187 Date of Disbursement 10 / 10 / 2005		
Mailing Address 2500 N. Military Trail			Amount of Each Disbursement this Period 1000.00		
City Boca Raton	State FL	Zip Code 33431	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Mr. Robert Wexler			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: 19					

Full Name (Last, First, Middle Initial) C. Cummings For Congress Campaign Committee			Transaction ID: 11634192 Date of Disbursement 10 / 10 / 2005		
Mailing Address PO Box 1631			Amount of Each Disbursement this Period 1000.00		
City Baltimore	State MD	Zip Code 21203	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Elijah E. Cummings			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: 7					

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. DREIER FOR CONGRESS COMMITTEE

Mailing Address P O BOX 1110

City COVINA State CA Zip Code 91722

Purpose of Disbursement
2006 Primary Election

Candidate Name
David Dreier

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

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

Transaction ID: 11634198
Date of Disbursement
10 / 10 / 2005

Amount of Each Disbursement this Period
2000.00

011
Category/
Type
2006 Primary Election

Full Name (Last, First, Middle Initial)
B. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Bart Gordon

Office Sought: House Senate President
State: TN District: 8

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

Transaction ID: 11634185
Date of Disbursement
10 / 10 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

Full Name (Last, First, Middle Initial)
C. Becerra for Congress

Mailing Address P.O. Box 261060

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

Transaction ID: 11634198
Date of Disbursement
10 / 10 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

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

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

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

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

FOR LINE NUMBER:
(check only one)

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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. Mike McIntyre For Congress		Transaction ID: 11634189 Date of Disbursement 10 / 10 / 2005	
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 1000.00	
City Lumberton State NC Zip Code 28359	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Mike McIntyre	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District 7			

Full Name (Last, First, Middle Initial) B. Citizens For John Olver For Congress		Transaction ID: 11634176 Date of Disbursement 10 / 10 / 2005	
Mailing Address P.O. Box 819 PO Box 819		Amount of Each Disbursement this Period 1000.00	
City Amherst State MA Zip Code 01004	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. John W. Olver	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: MA District 1			

Full Name (Last, First, Middle Initial) C. Friends Of Senator Rockefeller		Transaction ID: 11634201 Date of Disbursement 10 / 10 / 2005	
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 2500.00	
City Charleston State WV Zip Code 25327	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Sen. John D. Rockefeller, IV	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District 2			

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. Musgrave For Congress		Transaction ID: 11634177 Date of Disbursement 10 / 10 / 2005	
Mailing Address 5401 Stone Creek Circle Suite 777		Amount of Each Disbursement this Period 1000.00	
City Loveland State CO Zip Code 80538	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Marilyn N. Musgrave	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: CO District 4			

Full Name (Last, First, Middle Initial) B. Schwarz For Congress		Transaction ID: 11634184 Date of Disbursement 10 / 10 / 2005	
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00	
City Battle Creek State MI Zip Code 49016	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. John Schwarz, M.D.	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: MI District 7			

Full Name (Last, First, Middle Initial) C. Cubin For Congress Inc		Transaction ID: 11692856 Date of Disbursement 10 / 20 / 2005	
Mailing Address Post Office Box 4857 P O Box 4857		Amount of Each Disbursement this Period 3000.00	
City Casper State WY Zip Code 82604	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Barbara Cubin	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: WY District 1			

SUBTOTAL of Disbursements This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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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 Patty Murray U S Senate Campaign		Transaction ID: 11662853 Date of Disbursement 10 / 20 / 2005	
Mailing Address PO Box 3662		Amount of Each Disbursement this Period 1000.00	
City Seattle	State WA	Zip Code 98124	011 Category/ Type 2010 Primary Election
Purpose of Disbursement 2010 Primary Election			
Candidate Name Sen. Patty Murray			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2010 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Electio		
State: WA District 1			

Full Name (Last, First, Middle Initial) B. Kennedy for Senate		Transaction ID: 11662841 Date of Disbursement 10 / 20 / 2005	
Mailing Address 301 4th St., NE - Suite 202		Amount of Each Disbursement this Period 2200.00	
City Washington,	State DC	Zip Code 20002	011 Category/ Type 2006 General Election
Purpose of Disbursement 2006 General Election			
Candidate Name Edward M. Kennedy			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
State: MA District 1			

Full Name (Last, First, Middle Initial) C. Castle Campaign Fund		Transaction ID: 11662838 Date of Disbursement 10 / 20 / 2005	
Mailing Address P.O. Box 133		Amount of Each Disbursement this Period 1000.00	
City Wilmington	State DE	Zip Code 19899	011 Category/ Type 2006 General Election
Purpose of Disbursement 2006 General Election			
Candidate Name Rep. Michael N. Castle			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
State: DE District 1			

SUBTOTAL of Disbursements This Page (optional) ▶ **4200.00**

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. Hall For Congress Committee (Ralph Hall - Rockwall)

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Ralph M. Hall

Office Sought: House Senate President
State: TX District 4

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

Transaction ID: 11662849
Date of Disbursement
10 / 20 / 2005

Amount of Each Disbursement this Period
2500.00

011
Category/
Type
2006 Primary Election

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

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Janice D. Schakowsky

Office Sought: House Senate President
State: IL District 9

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

Transaction ID: 11662845
Date of Disbursement
10 / 20 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

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

Mailing Address 215 Fourth Avenue
Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Robert E. Andrews

Office Sought: House Senate President
State: NJ District 1

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

Transaction ID: 11662842
Date of Disbursement
10 / 20 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
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. Volunteers For Shimkus		Transaction ID: 11662840 Date of Disbursement 10 / 20 / 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 General Election	011 Category/ Type	2006 General Election
Candidate Name Rep. John M. Shimkus	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District 19			

Full Name (Last, First, Middle Initial) B. Mike Rogers For Congress		Transaction ID: 11662847 Date of Disbursement 10 / 20 / 2005	
Mailing Address 123 East 13th Street		Amount of Each Disbursement this Period 1000.00	
City Anniston State AL Zip Code 36201	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Michael D. Rogers	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District 3			

Full Name (Last, First, Middle Initial) C. Joe Wilson For Congress Committee		Transaction ID: 11662850 Date of Disbursement 10 / 20 / 2005	
Mailing Address Post Office Box 2145		Amount of Each Disbursement this Period 1000.00	
City West Columbia State SC Zip Code 29171	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Joe Wilson	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: SC District 2			

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)

A. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Gwen Moore

Office Sought: House
Senate
President

State: WI District 4

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 11662B43

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Walsh For Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13216

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. James Walsh

Office Sought: House
Senate
President

State: NY District 25

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 11662B54

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

C. Inslee For Congress

Mailing Address PO Box 33027

City Seattle State WA Zip Code 98133

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Jay Inslee

Office Sought: House
Senate
President

State: WA District 1

Disbursement For: 2006
Primary General

Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 11665296

Date of Disbursement

10 / 22 / 2005

Amount of Each Disbursement this Period

5000.00

2006 Primary Election

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
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. Insee For Congress

Mailing Address PO Box 33027

City Seattle State WA Zip Code 98133

Purpose of Disbursement (In-Kind) Inkind For 10/22 Insee Event

Candidate Name Rep. Jay Insee

Office Sought: House Senate President
State: WA District 1

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

Transaction ID: 11685297
Date of Disbursement
10 / 22 / 2005

Amount of Each Disbursement this Period
816.31

(In-Kind) Inkind For 10/22 Insee Event

Full Name (Last, First, Middle Initial)
B. Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street, Suite 610 Suite 610

City San Francisco State CA Zip Code 04104

Purpose of Disbursement 2006 Primary Election

Candidate Name Rep. Nancy Pelosi

Office Sought: House Senate President
State: CA District B

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

Transaction ID: 11688005
Date of Disbursement
10 / 26 / 2005

Amount of Each Disbursement this Period
5000.00

2006 Primary Election

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

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement 2006 Primary Election

Candidate Name Rep. Mark Steven Kirk

Office Sought: House Senate President
State: IL District 10

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

Transaction ID: 11689006
Date of Disbursement
10 / 26 / 2005

Amount of Each Disbursement this Period
1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ► **6816.31**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

<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. Issa For Congress

Mailing Address P O Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Darrell E. Issa

Office Sought: House
Senate
President
State: CA District: 49

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

011
Category/
Type

Transaction ID: 11872989

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

44516.31