

**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)

X 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)

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

07

01

2005

through

07

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

08

10

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: ^M07 ^D01 ^Y2005 To: ^M07 ^D31 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		284106.18
(b) Cash on Hand at Beginning of Reporting Period	378712.33	
(c) Total Receipts (from Line 19)	23838.07	291182.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	402550.40	575288.76
<hr/>		
7. Total Disbursements (from Line 31)	18039.75	190778.11
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	384510.65	384510.65
<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: ^M07 ^Y01 ^Y2005 To: ^M07 ^Y31 ^Y2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	13160.07	180681.95
(ii) Unitemized	10678.00	109245.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	23838.07	289926.95
(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)	23838.07	289926.95
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.)	0.00	755.63
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	23838.07	291182.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23838.07	291182.58

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	234.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	234.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18039.75	190265.34
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))..	18039.75	190778.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	18039.75	190778.11

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)	23838.07	289926.95
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23838.07	289676.95
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 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Investment Account, Interest/Dividends		Date of Receipt M / D / Y 07 / 01 / 2005
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		Transaction ID: 11427811
City Baltimore	State MD	Zip Code 21202-1036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.07
Name of Employer Lagj Mason Wood Walker, Inc.	Occupation Investment Firm	interest income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 065.70	

Full Name (Last, First, Middle Initial) B. Dr. Marc S. Bruel		Date of Receipt M / D / Y 07 / 05 / 2005
Mailing Address 1145 Ryder Rd.		Transaction ID: 11333783
City Chesterton	State IN	Zip Code 46304-3453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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) C. Dr. Sheldon I. Laps		Date of Receipt M / D / Y 07 / 06 / 2005
Mailing Address 1234 19th St. N.W. #810		Transaction ID: 11332487
City Washington	State DC	Zip Code 20038-2442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	760.07
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 / 28

(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. Thomas K. Ernst		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address 5303 Shorewood Dr.		Transaction ID: 11333795
City Fort Gratiot	State MI	Zip Code 48059-3137
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. Eugene R. Fleuman		Date of Receipt M / D / Y 07 / 08 / 2005
Mailing Address 2000 S. Ocean Blvd. #306N		Transaction ID: 11333796
City Palm Beach	State FL	Zip Code 33480-5212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Eric W. Nelson		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 17466 Almond Rd.		Transaction ID: 11355380
City Castro Valley	State CA	Zip Code 94548-1262
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)	700.00
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 8 / 28

(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. Geoffrey C. Bricker		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 2122 E. Lon St.		Transaction ID: 11355391
City Springfield	State MO	Zip Code 65803-4809
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. Gregory B. Nellis		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 218 E. Fulton St.		Transaction ID: 11353253
City Gloversville	State NY	Zip Code 12078-3423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ronald J. Koplenky		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 2495 Bexley Park Rd.		Transaction ID: 11353252
City Columbus	State OH	Zip Code 43209-2122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(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. Nathan Craig Dikes		Date of Receipt M / D / Y 07 / 11 / 2005
Mailing Address 11124 E. 3Dth		Transaction ID: 11355395
City Spokane	State WA	Zip Code 99206-5890
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 ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Troy David Zimbalman		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 121 E. Poplar St.		Transaction ID: 11333814
City Prattville	State AL	Zip Code 36066-3638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Alan H. Smith		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 65 Middle Canyon Rd.		Transaction ID: 11333788
City Camel Valley	State CA	Zip Code 95524-9461
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)	1050.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 10 / 28
(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. Marc G. Mittelman		Date of Receipt M / D / Y Y Y Y 07 / 12 / 2005
Mailing Address 35 Country Meadow Rd.		Transaction ID: 11333821
City Palos Verdes Penin	State CA	Zip Code 90274-5773
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. Douglas Guthrie		Date of Receipt M / D / Y Y Y Y 07 / 12 / 2005
Mailing Address 3200 Creekwood Cir.		Transaction ID: 11333810
City Waco	State TX	Zip Code 76710-1350
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. Karan L. Whibel		Date of Receipt M / D / Y Y Y Y 07 / 12 / 2005
Mailing Address 67 Alberto Ct.		Transaction ID: 11333822
City Rancho Palos Verde	State CA	Zip Code 90275-5383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28
(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. Jerry D. Brant		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 902 Pheasant Run Ct. S		Transaction ID: 11353305
City Brentwood	State TN	Zip Code 37027-5810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gene J. Pusateri		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 33 Redfern Dr.		Transaction ID: 11333818
City Youngstown	State OH	Zip Code 44505-1651
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. Phillip E. Ward		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 65 Shadow Ln.		Transaction ID: 11333830
City Whispering Pines	State NC	Zip Code 28327-9359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(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. Derick A. Bell		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 87 Albert Ct		Transaction ID: 11333823
City Rancho Palos Verde	State CA	Zip Code 90275-5383
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. Glenn A. Oeter		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 1729 Eastgate Ave.		Transaction ID: 11333807
City Upland	State CA	Zip Code 91784-9211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Laura A. Lloyd		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address Pamlico Podiatry Associates P.A. 403 W. 15th St.		Transaction ID: 11333820
City Washington	State NC	Zip Code 27889-5524
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**

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FOR LINE NUMBER: PAGE 13 / 28

(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. Keith A. Beauchamp		Date of Receipt M / D / Y 07 / 12 / 2005
Mailing Address 29782 Macon Lake Rd.		Transaction ID: 11353904
City Macon	State MO	Zip Code 63552-3627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Family Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard A. Robbins		Date of Receipt M / D / Y 07 / 13 / 2005
Mailing Address 524B Signal Hill Dr.		Transaction ID: 11358563
City Burke	State VA	Zip Code 22015-2163
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. Dhameesh Pravin Bhakta		Date of Receipt M / D / Y 07 / 13 / 2005
Mailing Address 5 Whispering Bend Ct		Transaction ID: 11353283
City Mansfield	State TX	Zip Code 76063-6757
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	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 14 / 28

(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. Brian W. Cornel		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 3 Algonquin Dr.		Transaction ID: 11342925
City Middletown	State RI	Zip Code 02842-4573
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 ▼ 200.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brian W. Cornel		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 3 Algonquin Dr.		Transaction ID: 11342927
City Middletown	State RI	Zip Code 02842-4573
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 ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David B. Tucker		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 1331 Tellowee Rd.		Transaction ID: 11342879
City Eden	State NC	Zip Code 27288-9505
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 ▼ 700.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 15 / 28
(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. David B. Tucker		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 1331 Tallowee Rd.		Transaction ID: 11343031
City Eden	State NC	Zip Code 27288-9505
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Anthony Poggio		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 2059 Clinton Ave.		Transaction ID: 11359588
City Alameda	State CA	Zip Code 94501-4379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Kam Y. Wong		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 1535 Francisco St.		Transaction ID: 11359588
City Berkeley	State CA	Zip Code 94703-1284
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 16 / 28
(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. Ted Mhak		Date of Receipt M / D / Y 07 / 14 / 2005
Mailing Address 205B Clinton Ave.		Transaction ID: 11359587
City Alameda	State CA	Zip Code 94501-4379
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James S. Chazan		Date of Receipt M / D / Y 07 / 15 / 2005
Mailing Address 15 Triphammer Rd.		Transaction ID: 11359608
City Hingham	State MA	Zip Code 02043-2984
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. Richard A. Armstrong		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address Falmouth Podiatry 342A Gifford St.		Transaction ID: 11374801
City Falmouth	State MA	Zip Code 02540-2548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 28

(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. Charles H. Wunderlich		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 1 Meramec Bluffs Dr. #63B		Transaction ID: 11353233
City Ballwin	State MO	Zip Code 63021-3311
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 ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Allen M. Jacobs		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 100 N. Euclid #4		Transaction ID: 11353226
City Saint Louis	State MO	Zip Code 63108-1529
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. Edward A. Buro		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 1335 Carls Straight Path		Transaction ID: 11353237
City Dix Hills	State NY	Zip Code 11748-5405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 18 / 28
(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. Alan Hartstein		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 7447 Brunswick Cir.		Transaction ID: 11353242
City Boynton Beach	State FL	Zip Code 33437-2546
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. G. Marc Conner		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 3220 Birnamwood Dr.		Transaction ID: 11353229
City Colorado Springs	State CO	Zip Code 80920-7371
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. Hui Trung Pham		Date of Receipt M / D / Y 07 / 18 / 2005
Mailing Address 135 Dale St.		Transaction ID: 11374B11
City Waltham	State MA	Zip Code 02451-3705
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 / 28
(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. Melvin Mah		Date of Receipt M / D / Y 07 / 10 / 2005
Mailing Address 243-12th Ave.		Transaction ID: 11359581
City	State	Zip Code
San Francisco	CA	94118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Daniel F. Byrd		Date of Receipt M / D / Y 07 / 10 / 2005
Mailing Address 815 N.W. 4th St.		Transaction ID: 11359576
City	State	Zip Code
Pendleton	OR	97001-1414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. John Marzano		Date of Receipt M / D / Y 07 / 10 / 2005
Mailing Address 11 McKinley Pl.		Transaction ID: 11359582
City	State	Zip Code
Ardsley	NY	10502-2403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 28
(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. Craig S. Garfalo		Date of Receipt M / D / Y 07 / 10 / 2005
Mailing Address B1 Marilyn		Transaction ID: 11374893
City Stockton	State CA	Zip Code 95207-2836
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. Harold J. Sauder		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 805 E. College Ave. R.Rt. #1		Transaction ID: 11374829
City Independence	State KS	Zip Code 67301-7143
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. Kash K. Siefert		Date of Receipt M / D / Y 07 / 20 / 2005
Mailing Address 2300 Stewart Pkwy.		Transaction ID: 11374825
City Roseburg	State OR	Zip Code 97470-1597
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 21 / 28
(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. Mark L. Appleton		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 5422 Beech Ridge Dr.		Transaction ID: 11376306
City Fairfax	State VA	Zip Code 22030-4618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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. Gregory Kirk Erich		Date of Receipt M / D / Y 07 / 21 / 2005
Mailing Address 2111 Calavera Cir.		Transaction ID: 11376302
City Tustin	State CA	Zip Code 92782-8604
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. Mark Edward Yusta		Date of Receipt M / D / Y 07 / 22 / 2005
Mailing Address 1232 Edgewood Dr.		Transaction ID: 11376297
City Thief River Falls	State MN	Zip Code 56701-5327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	400.00
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 22 / 28
(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. Karen C. Yamaguchi		Date of Receipt M / D / Y Y Y Y 07 / 22 / 2005
Mailing Address 101D King Ln.		Transaction ID: 11374914
City Laredo	State TX	Zip Code 78045-8111
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. Kirk Geber		Date of Receipt M / D / Y Y Y Y 07 / 23 / 2005
Mailing Address 11121 Lake Victoria Lane		Transaction ID: 11375686
City Bowie	State MD	Zip Code 20720-4259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Howard University	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William J. O'Neill		Date of Receipt M / D / Y Y Y Y 07 / 25 / 2005
Mailing Address 353D Stancliff Rd.		Transaction ID: 11380203
City Clemmons	State NC	Zip Code 27012-9085
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 23 / 28
(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. Gerald D. Peterson		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005
Mailing Address 8627 Apollo Rd.		Transaction ID: 11376779
City West Linn	State OR	Zip Code 97068-2807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -300.00
Name of Employer Self Employed	Occupation Podiatrist	Correction for KC Registr- ation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Dr. Gerald D. Peterson		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005
Mailing Address 8627 Apollo Rd.		Transaction ID: 11376781
City West Linn	State OR	Zip Code 97068-2807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	KC Registration
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey D. Kom		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005
Mailing Address 5341 Outlook Point		Transaction ID: 11376315
City San Diego	State CA	Zip Code 92124-1819
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 28
(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. Kathryn Riffe		Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005
Mailing Address 5000 Honeysuckle Dr.		Transaction ID: 11376313
City	State	Zip Code
Milan	TN	38358-6440
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. Mark O. Ellis		Date of Receipt M / D / Y Y Y Y 07 / 28 / 2005
Mailing Address 1166 11th St		Transaction ID: 11409890
City	State	Zip Code
Astoria	OR	97103-4138
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 TN's Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	13160.07

**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. Johnson For Congress Committee		Transaction ID: 11333293 Date of Disbursement 07 / 11 / 2005	
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00	
City New Britain State CT Zip Code 06050	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Nancy L. Johnson	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: CT District 5			

Full Name (Last, First, Middle Initial) B. Congressman Waxman Campaign Committee		Transaction ID: 11333290 Date of Disbursement 07 / 11 / 2005	
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00	
City Los Angeles State CA Zip Code 00048	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Henry A. Waxman	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: CA District 30			

Full Name (Last, First, Middle Initial) C. People For Patty Murray U S Senate Campaign		Transaction ID: 11333295 Date of Disbursement 07 / 11 / 2005	
Mailing Address PO Box 3662		Amount of Each Disbursement this Period 2000.00	
City Seattle State WA Zip Code 98124	Purpose of Disbursement 2010 Primary Election	011 Category/ Type	2010 Primary Election
Candidate Name Sen. Patty Murray	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District 1			

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 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. Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2010 Primary Election

Candidate Name
Sen. Charles E. Grassley

Office Sought: House Disbursement For: 2010
 Senate X Primary General
 President
 State: IA District 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 11332504
Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

5000.00

2010 Primary Election

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

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
(In-Kind) 2010 Gen. Inkind Contribution

Candidate Name
Sen. Charles E. Grassley

Office Sought: House Disbursement For: 2010
 Senate X General
 President
 State: IA District 1 Other (specify) ▼

011
Category/
Type

Transaction ID: 11332507
Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

1039.75

(In-Kind) 2010 Gen. Inkind
Contribution for Nassif
Fundraiser

Full Name (Last, First, Middle Initial)
C. Building A Majority PAC

Mailing Address 10 G Street, NE
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
2005 Contribution

Candidate Name

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

011
Category/
Type

Transaction ID: 11333294
Date of Disbursement

07 / 11 / 2005

Amount of Each Disbursement this Period

2500.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

8539.75

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 28

<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. Hoosiers Supporting Buyer For Congress		Transaction ID: 11382357 Date of Disbursement 07 / 28 / 2005	
Mailing Address 200 North Main St. P.O. Box 712 200 North Main St. P.O. Box 712		Amount of Each Disbursement this Period 1000.00	
City Monticello State IN Zip Code 47960	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Steve Buyer	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: IN District: 4			

Full Name (Last, First, Middle Initial) B. Gene Green Congressional Campaign		Transaction ID: 11382362 Date of Disbursement 07 / 28 / 2005	
Mailing Address PO Box 16128		Amount of Each Disbursement this Period 1000.00	
City Houston State TX Zip Code 77222	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Gene Green	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: TX District: 29			

Full Name (Last, First, Middle Initial) C. Abercrombie For Congress		Transaction ID: 11382353 Date of Disbursement 07 / 28 / 2005	
Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005 C/O 1357 Kapiolani Blvd. Ste. 1005		Amount of Each Disbursement this Period 1000.00	
City Honolulu State HI Zip Code 96814	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Neil Abercrombie	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1			

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

21b 22 23 24 25 26
 27 28a 28b 28c 29 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 of Fame PAC

Mailing Address 1717 Dixie Highway
Suite 18D

City Ft. Wright State KY Zip Code 41011

Purpose of Disbursement
2005 Contribution

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 11382364

Date of Disbursement

07 / 28 / 2005

Amount of Each Disbursement this Period

2500.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

18039.75