

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

X 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)

Report for the:

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

03

01

2005

through

03

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

04

12

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: ^M03 ^D01 ^Y2005 To: ^M03 ^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	350362.22	
(c) Total Receipts (from Line 19)	43889.17	144907.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	394251.39	429013.48
<hr/>		
7. Total Disbursements (from Line 31)	30000.68	64762.77
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	364250.71	364250.71
<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: ^M03 ⁻01 ⁻2005 To: ^M03 ⁻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)	24275.00	89689.88
(ii) Unitemized	19464.00	54340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	43739.00	144029.88
(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)	43739.00	144029.88
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.)	150.17	377.42
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))	43889.17	144907.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43889.17	144907.30

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.....	0.68	234.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.68	234.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	64500.00
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	0.00
(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	0.00
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))..	30000.68	64762.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	30000.68	64762.77

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)	43739.00	144029.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43739.00	144029.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.68	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)	0.68	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 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Richard L. Rauch		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2005
Mailing Address 118B Lost Rd.		Transaction ID: 10766030
City Martinsburg	State WV	Zip Code 25401-0898
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. Dean Takema Nakudate		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address 4356 Calle Mejillones		Transaction ID: 10766023
City San Diego	State CA	Zip Code 92130-4818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scripps Clinic Medical Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael B. Stegmen		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2005
Mailing Address 7486 E Woodsage Lane		Transaction ID: 10766018
City Scottsdale	State AZ	Zip Code 85258-2019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Foot & Ankle Specialists	Occupation Podiatric Medicine and Surgery	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 42
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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. Brian G. Hakomb		Date of Receipt M / D / Y 03 / 07 / 2005
Mailing Address 3454 Green Apple Rd.		Transaction ID: 10769960
City Gainesville	State GA	Zip Code 30506-4121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Julia E. Shauger		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 19732 Schoolhouse		Transaction ID: 10766042
City New Lenox	State IL	Zip Code 60451-7313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John D. Ruff		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 6801 N. Ruff Ln.		Transaction ID: 10778778
City Peoria	State IL	Zip Code 61614-2843
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 42

(check only one)

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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. Seth A. Rubenstein		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 1322 Pavilion Club Way		Transaction ID: 10766041
City Reston	State VA	Zip Code 20184-1338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. T. Todd Horsk		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address 19732 School House Rd.		Transaction ID: 10766043
City New Lenox	State IL	Zip Code 60451-7313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James A. Faurett		Date of Receipt M / D / Y 03 / 08 / 2005
Mailing Address Eastern Avenue Podiatry Group 3777 S. Pecos-McLeod #103		Transaction ID: 10766040
City Las Vegas	State NV	Zip Code 89121
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)	

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ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 / 42
(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. Steven L. Giner		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 778B5 Justin Ct.		Transaction ID: 10770244
City Palm Desert	State CA	Zip Code 92211-6238
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. Andrew C. Schink		Date of Receipt M / D / Y 03 / 09 / 2005
Mailing Address 1715 Cameo		Transaction ID: 10766731
City Eugene	State OR	Zip Code 97405-5897
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. Daniel Girard		Date of Receipt M / D / Y 03 / 10 / 2005
Mailing Address 150 E. Sunrise Hwy. #L24		Transaction ID: 10789111
City Lindenhurst	State NY	Zip Code 11757-2502
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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FOR LINE NUMBER: PAGE 10 / 42

(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 S. Godfryd		Date of Receipt M / D / Y 03 / 10 / 2005
Mailing Address 498B Heather Point		Transaction ID: 10776955
City	State	Zip Code
Birmingham	AL	35242-3950
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 ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas S. Godfryd		Date of Receipt M / D / Y 03 / 10 / 2005
Mailing Address 498B Heather Point		Transaction ID: 10776956
City	State	Zip Code
Birmingham	AL	35242-3950
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 ▼ 1500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steve Michael Bloet		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 4421 Oakhurst Bend		Transaction ID: 10778781
City	State	Zip Code
Owensboro	KY	42303-4441
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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 11 / 42

(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 E. Keenan Jr.		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 159D 3rd Ave. S.E.		Transaction ID: 10789112
City La Mars	State IA	Zip Code 51031-2763
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. Gary W. Nelner		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 3117 Hudnall Ln.		Transaction ID: 10778780
City Edgewood	State KY	Zip Code 41017-2320
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. Stephen D. Lesley		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address W. Coast Podiatry Center Inc. 1811 53rd Ave. W.		Transaction ID: 10778783
City Bradenton	State FL	Zip Code 34207
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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FOR LINE NUMBER: PAGE 12 / 42
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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. Jesse Plasencia		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address 10 S. 852 Hyacinth Dr. #22A		Transaction ID: 10778784
City Willowbrook	State IL	Zip Code 60527
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. Thomas S. Miller		Date of Receipt M / D / Y 03 / 11 / 2005
Mailing Address Podiatry Associates 1084 S. Ribaut Rd. #A		Transaction ID: 10778782
City Beaufort	State SC	Zip Code 29502-5437
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. Thomas S. Murray		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 10812 S.E. 3rd St.		Transaction ID: 10793881
City Midwest City	State OK	Zip Code 73130-5104
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 / 42
(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. Michael J. Kelley		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 2 Gibraltar		Transaction ID: 10793673
City	State	Zip Code
Rockford	MI	49341-7703
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) B. Raymond Pass		Date of Receipt M / D / Y 03 / 14 / 2005
Mailing Address 104 Casino Dr.		Transaction ID: 10793683
City	State	Zip Code
Farmingdale	NJ	07727-3702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer R. Francis Associates	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Joshua Gerbart		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 18 Fairview		Transaction ID: 10793708
City	State	Zip Code
Corte Madera	CA	94525-1639
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)	

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ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 14 / 42

(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. Thomas Charles Melillo		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 22862 S.W. Saunders Dr.		Transaction ID: 10793691
City Sherwood	State OR	Zip Code 97140-8236
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael E. Eglow		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 216B Millburn Avenue		Transaction ID: 10793601
City Maplewood	State NJ	Zip Code 07040-2640
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael B. Thompson		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 201 88th Pl.		Transaction ID: 10793702
City Kenosha	State WI	Zip Code 53143-5137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 15 / 42
(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. William N. McCann		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 18 Jonathan Ln.		Transaction ID: 10793692
City Bow	State NH	Zip Code 03304-3713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Hal Ornstein		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 5 Amanda Ln.		Transaction ID: 10793690
City Howell	State NJ	Zip Code 07731-8941
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. Thomas J. Orterzo		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 2315 Freysville Rd.		Transaction ID: 10793701
City Red Lion	State PA	Zip Code 17358-8283
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 42

(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. John V. Guilera		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 488 Schooleys Mountain Rd. #1B		Transaction ID: 10793694
City Hackettstown	State NJ	Zip Code 07840-4001
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. Laura J. Pickard		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address Norridge Foot Clinic 7325 W. Irving Park Rd.		Transaction ID: 10793696
City Chicago	State IL	Zip Code 60634
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. Kristin K. Tito		Date of Receipt M / D / Y 03 / 16 / 2005
Mailing Address 11092 Allenhurst Blvd.		Transaction ID: 10793689
City Cincinnati	State OH	Zip Code 45241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 17 / 42
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Brad A. Toll</p> <p>Mailing Address 2411 Crafton Ln. #25</p> <hr/> <p>City State Zip Code Crafton MD 21114-1304</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 03 / 16 / 2005</p> <p>Transaction ID: 10793699</p> <hr/> <p>Amount of Each Receipt this Period 250.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 250.00</td> </tr> </table>	Name of Employer Self Employed	Occupation Podiatrist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Name of Employer Self Employed	Occupation Podiatrist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				

<p>B. Full Name (Last, First, Middle Initial) Dr. Donald D. Yoder</p> <p>Mailing Address 301D W. Central</p> <hr/> <p>City State Zip Code Wichita KS 67203-4910</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 03 / 17 / 2005</p> <p>Transaction ID: 10803453</p> <hr/> <p>Amount of Each Receipt this Period 300.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 300.00</td> </tr> </table>	Name of Employer Self Employed	Occupation Podiatrist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Name of Employer Self Employed	Occupation Podiatrist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				

<p>C. Full Name (Last, First, Middle Initial) Dr. Russell J. Barone</p> <p>Mailing Address 29 Glen Crest Dr.</p> <hr/> <p>City State Zip Code Arden NC 28704-5025</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 03 / 17 / 2005</p> <p>Transaction ID: 10803452</p> <hr/> <p>Amount of Each Receipt this Period 250.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 250.00</td> </tr> </table>	Name of Employer Self Employed	Occupation Podiatrist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)	800.00
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 / 42
(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. William S. Lynde		Date of Receipt M / D / Y 03 / 17 / 2005
Mailing Address 1703 Langhorne-newtown rd.		Transaction ID: 10795228
City Langhorne	State PA	Zip Code 19047-1082
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. David C. Zink		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 10008 Indian Walk Dr.		Transaction ID: 10803461
City Cincinnati	State OH	Zip Code 45241-3507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John P. Delcatera		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address Birmingham Podiatry P.C. 2012 8th Ct. S.		Transaction ID: 10803459
City Birmingham	State AL	Zip Code 35205-2704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 10 / 42

(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. Neil J. Kanner		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 184D Lippincott Rd.		Transaction ID: 10803460
City Huntingdon Valley	State PA	Zip Code 19006-7825
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. Edward F. Cosentino		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address 3087 Olde Winter Trl.		Transaction ID: 10898168
City Poland	State OH	Zip Code 44514-2871
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. Craig McLaws		Date of Receipt M / D / Y 03 / 18 / 2005
Mailing Address McLaws Foot Care 132 N. Gould		Transaction ID: 10898170
City Sheridan	State WY	Zip Code 82801-5055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	675.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 42

(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. Christopher Brennan Wieting		Date of Receipt M / D / Y 03 / 20 / 2005
Mailing Address 191D Deer Park Ave.		Transaction ID: 10799567
City Louisville	State KY	Zip Code 40205-1202
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. Thomas G. Rogers		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address Central UT Foot & Ankle Clinic 150 W. 800 N.		Transaction ID: 10832815
City Provo	State UT	Zip Code 84601-1624
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. Robert E. Shaman		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address 484D Main St.		Transaction ID: 10832802
City Stratford	State CT	Zip Code 06614-3634
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 21 / 42
(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. Matthew J. Thompson		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address 4935 White Oak Dr.		Transaction ID: 10832809
City Lumberton	State NC	Zip Code 28358-2187
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. David Gleizman		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address 372 Laurel St.		Transaction ID: 10832823
City Morgantown	State WV	Zip Code 26505-3223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. James Wayne Ratcliff		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address Samaritan Family Practice 2480 Samaritan Dr.		Transaction ID: 10832799
City San Jose	State CA	Zip Code 95124-3507
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 22 / 42

(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. Howard Grant Osterman		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address 7512 Flarewood Dr		Transaction ID: 10799851
City Clarksville	State MD	Zip Code 21029-1824
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. Mark F. Rogers		Date of Receipt M / D / Y 03 / 21 / 2005
Mailing Address Central UT Foot & Ankle Clinic 150 W. 800 N.		Transaction ID: 10832816
City Provo	State UT	Zip Code 84601-1624
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. Marc Weltzman		Date of Receipt M / D / Y 03 / 22 / 2005
Mailing Address 10425 Kingston		Transaction ID: 10803471
City Huntington Woods	State MI	Zip Code 48070-1113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 23 / 42
(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. Jack A. Koch		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2005
Mailing Address 2937 Cardamon Ln.		Transaction ID: 10832842
City Fullerton	State CA	Zip Code 92835-4307
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. Kevin William Lutz		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2005
Mailing Address 5285 Aryshire Dr.		Transaction ID: 10803485
City Dublin	State OH	Zip Code 43017-8213
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. David G. Nowicki		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2005
Mailing Address 403 Northwood Dr.		Transaction ID: 10803498
City Orange	State CT	Zip Code 06477-1051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 24 / 42
(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. Jeffrey Frederick		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2005
Mailing Address 17333 W. 10 Mile Rd.		Transaction ID: 10803475
City Southfield	State MI	Zip Code 48075-2801
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. Nancy A. Kaplan		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2005
Mailing Address 52 Pitt Rd.		Transaction ID: 10803488
City Springfield	State NJ	Zip Code 07081-2634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Tritto		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2005
Mailing Address 14409 White Tree Pl.		Transaction ID: 10803495
City North Potomac	State MD	Zip Code 20878-4354
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 25 / 42
(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. Gerard J. Busch		Date of Receipt M / D / Y 03 / 22 / 2005
Mailing Address 325 E. Broadway		Transaction ID: 10832833
City	State	Zip Code
Ossed	MN	55369-1527
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. Gary S. Saphire		Date of Receipt M / D / Y 03 / 22 / 2005
Mailing Address 7516 Bay Pkwy.		Transaction ID: 10833483
City	State	Zip Code
Brooklyn	NY	11214-1515
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. Jimmy L. Gregory		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 4319 Covington Hwy. #115		Transaction ID: 10832781
City	State	Zip Code
Decatur	GA	30035-1208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 26 / 42

(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. Michael S. Downey		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 165 Pheasant Fields Ln		Transaction ID: 10832762
City Moorestown	State NJ	Zip Code 08057-1431
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. Paul M. Greenberg		Date of Receipt M / D / Y 03 / 23 / 2005
Mailing Address 101 Puritan Dr.		Transaction ID: 10808698
City Scarsdale	State NY	Zip Code 10583-6839
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. Kevin Holton		Date of Receipt M / D / Y 03 / 24 / 2005
Mailing Address 2805 Jasmine Ct.		Transaction ID: 10848498
City Saint Cloud	State MN	Zip Code 56301-9467
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)	

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

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

FOR LINE NUMBER: PAGE 27 / 42
(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. Debra B. Klein		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address 4 Sandringham Ter.		Transaction ID: 10832239
City	State	Zip Code
Cherry Hill	NJ	08003-1534
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. Mark B. Saffer		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address 3185 Gilbert Ridge Rd.		Transaction ID: 10847201
City	State	Zip Code
West Bloomfield	MI	48322-1836
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. Thomas Neuman		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address 11861 Killimore Ave.		Transaction ID: 10832238
City	State	Zip Code
Northridge	CA	91328-1537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 28 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Anthony P. Tacca		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address 700 Riverside Dr.		Transaction ID: 10847148
City Ormond Beach	State FL	Zip Code 32176-7814
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. R. Daniel Davis		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address 450 Clement Ln.		Transaction ID: 10832246
City Orange	State CT	Zip Code 06477-2803
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. Marc R. Bembech		Date of Receipt M / D / Y Y Y Y 03 / 25 / 2005
Mailing Address 126 Burr Hall Rd.		Transaction ID: 10832228
City Middlebury	State CT	Zip Code 06762-1403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 28 / 42
(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. Daniel L. Bangert		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 7080 W. Surrey		Transaction ID: 10847153
City Peoria	State AZ	Zip Code 85381-5014
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. Carlton G. Puris		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 309 Old Coach Rd.		Transaction ID: 10832240
City Rocky Mount	State NC	Zip Code 27804-2134
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. Keven R. Kreftman		Date of Receipt M / D / Y 03 / 25 / 2005
Mailing Address 30180 Mayfair		Transaction ID: 10832249
City Farmington Hills	State MI	Zip Code 48331-2158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 30 / 42

(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. Lawrence Platin		Date of Receipt M / D / Y 03 / 25 / 2005	
Mailing Address 221 B North Ave. #5		Transaction ID: 10832224	
City Scotch Plains	State NJ	Zip Code 07076-4540	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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. Jeffrey S. Kahn		Date of Receipt M / D / Y 03 / 25 / 2005	
Mailing Address 83 Murphy Dr.		Transaction ID: 10847199	
City Rocky Hill	State CT	Zip Code 06067-1865	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
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. Joseph Ryan Traadwall		Date of Receipt M / D / Y 03 / 25 / 2005	
Mailing Address 15 Lantern Ct.		Transaction ID: 10847193	
City Farmington	State CT	Zip Code 06032-5333	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 31 / 42

(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 V. Johnson		Date of Receipt M / D / Y 03 / 28 / 2005
Mailing Address 289 Main St		Transaction ID: 10846807
City Suffield	State CT	Zip Code 06078-1332
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. Louis M. Sampek		Date of Receipt M / D / Y 03 / 28 / 2005
Mailing Address 5804 S. 171st St.		Transaction ID: 10898197
City Omaha	State NE	Zip Code 68135-2273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
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) C. Dr. Carol A. Gallehan		Date of Receipt M / D / Y 03 / 28 / 2005
Mailing Address 40 Samp Mortar Dr.		Transaction ID: 10846809
City Fairfield	State CT	Zip Code 06824-2462
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) ▼		

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 32 / 42
(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. Howard W. Harinstein		Date of Receipt M / D / Y 03 / 28 / 2005
Mailing Address 21 Dell Cir.		Transaction ID: 10846808
City Trumbull	State CT	Zip Code 06611-2308
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. Lynn LeBlanc		Date of Receipt M / D / Y 03 / 28 / 2005
Mailing Address 12 Trevor Ln.		Transaction ID: 10898187
City East Granby	State CT	Zip Code 06026-9667
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. William Scott Newcomb		Date of Receipt M / D / Y 03 / 28 / 2005
Mailing Address 248 Potomac Rd.		Transaction ID: 10846814
City Wilmington	State DE	Zip Code 19803-5121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 33 / 42
(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 E. Pinker		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address Pinker & Associates 47 Brookwood Ave.		Transaction ID: 10901782
City Carlisle	State PA	Zip Code 17013-9126
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. Ernest J. Hook		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 8861 Inwood Rd.		Transaction ID: 10901792
City Eolsom	State CA	Zip Code 95630-1913
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. Barry Saffran		Date of Receipt M / D / Y 03 / 31 / 2005
Mailing Address 5949 Farview Woods Dr.		Transaction ID: 10901779
City Fairfax Station	State VA	Zip Code 22039-1428
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)	▶	24275.00

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

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

FOR LINE NUMBER: PAGE 34 / 42

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		MM / UU / YYYY 03 / 31 / 2005
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. C		Transaction ID: 10913534
Name of Employer Lagj Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		150.17
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 377.42	interest income

SUBTOTAL of Receipts This Page (optional)	▶	150.17
TOTAL This Period (last page this line number only)	▶	150.17

**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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	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. Investment Account

Mailing Address

City State Zip Code

Purpose of Disbursement
interest expense

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 10913568

Date of Disbursement

03 / 31 / 2005

Amount of Each Disbursement this Period

0.68

interest expense

SUBTOTAL of Disbursements This Page (optional) ▶

0.68

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

0.68

**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. Virginia Foxx For Congress		Transaction ID: 10752160 Date of Disbursement 03 / 02 / 2005	
Mailing Address 11488 Hwy 105		Amount of Each Disbursement this Period 1500.00	
City Banner Elk State NC Zip Code 28604	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Virginia Foxx	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 5			

Full Name (Last, First, Middle Initial) B. Friends Of Mike Ferguson		Transaction ID: 10782743 Date of Disbursement 03 / 04 / 2005	
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 1000.00	
City Colonia State NJ Zip Code 07067	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Mike Ferguson	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District 7			

Full Name (Last, First, Middle Initial) C. Ben Cardin For Congress		Transaction ID: 10788179 Date of Disbursement 03 / 14 / 2005	
Mailing Address 100 E. Pratt Street 28th Floor		Amount of Each Disbursement this Period 1000.00	
City Baltimore State MD Zip Code 21202	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Benjamin L. Cardin	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District 3			

SUBTOTAL of Disbursements This Page (optional) ► **3500.00**

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

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. Simpson For Congress		Transaction ID: 10788384 Date of Disbursement 03 / 14 / 2005	
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1000.00	
City Blackfoot State ID Zip Code 83221	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Michael K. Simpson	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: ID District 2		

Full Name (Last, First, Middle Initial) B. Friends Of Carolyn McCarthy		Transaction ID: 10788383 Date of Disbursement 03 / 14 / 2005	
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 1000.00	
City Mincola State NY Zip Code 11501	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Carolyn McCarthy	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District 4		

Full Name (Last, First, Middle Initial) C. Kyl for Senate		Transaction ID: 10788540 Date of Disbursement 03 / 14 / 2005	
Mailing Address POST OFFICE BOX 10246		Amount of Each Disbursement this Period 2500.00	
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Jon Kyl	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: AZ 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	<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. Boozman For Congress			Transaction ID: 10788400 Date of Disbursement 03 / 14 / 2005		
Mailing Address PO Box 671			Amount of Each Disbursement this Period 1000.00		
City Rogers	State AR	Zip Code 72757	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. John N. Boozman			2006 Primary Election		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: AR District: 3					

Full Name (Last, First, Middle Initial) B. Michael Burgess For Congress			Transaction ID: 10788271 Date of Disbursement 03 / 14 / 2005		
Mailing Address PO Box 2334			Amount of Each Disbursement this Period 1000.00		
City Denton	State TX	Zip Code 76202	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Michael C. Burgess, M.D.			2006 Primary Election		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: TX District: 26					

Full Name (Last, First, Middle Initial) C. Dutch Ruppensberger For Congress			Transaction ID: 10788397 Date of Disbursement 03 / 14 / 2005		
Mailing Address 22 West Padonia Road Suite A307			Amount of Each Disbursement this Period 1000.00		
City Timonium	State MD	Zip Code 21093	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. C.A. Dutch Ruppensberger			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: 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)
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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. Van Hollen For Congress		Transaction ID: 10788537 Date of Disbursement 03 / 14 / 2005	
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 2500.00	
City Kenington State MD Zip Code 20895	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Chris Van Hollen	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District B			

Full Name (Last, First, Middle Initial) B. Doyle For Congress Committee		Transaction ID: 10788381 Date of Disbursement 03 / 14 / 2005	
Mailing Address 2227 Hampton Street 2227 Hampton Street		Amount of Each Disbursement this Period 1000.00	
City Pittsburgh State PA Zip Code 15218	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Michael F. Doyle	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District 14			

Full Name (Last, First, Middle Initial) C. Promoting Republicans You Can Elect Project		Transaction ID: 10788390 Date of Disbursement 03 / 14 / 2005	
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20038	Purpose of Disbursement Contribution to PRYCE PROJECT	011 Category/ Type	Contribution to PRYCE PRO- JECT
Candidate Name	Disbursement For: 2006 Primary General Other (specify) ▼		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District			

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)
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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. Pallone For Congress		Transaction ID: 10819776 Date of Disbursement 03 / 22 / 2005	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2500.00	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Frank Pallone, Jr.	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District 6			

Full Name (Last, First, Middle Initial) B. Ted Strickland For Congress		Transaction ID: 10832727 Date of Disbursement 03 / 25 / 2005	
Mailing Address 795 Luther Road PO Box 255		Amount of Each Disbursement this Period 1000.00	
City Minford State OH Zip Code 45653	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Ted Strickland	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: OH District 6			

Full Name (Last, First, Middle Initial) C. Congressman Joe Barton Committee, The		Transaction ID: 10832724 Date of Disbursement 03 / 25 / 2005	
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 2000.00	
City Ennis State TX Zip Code 75120	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Joe L. Barton	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 6			

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

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

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

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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. Virgil Goode for Congress		Transaction ID: 10832728 Date of Disbursement 03 / 25 / 2005	
Mailing Address 125 Orchard Avenue		Amount of Each Disbursement this Period 1000.00	
City Rocky Mount State VA Zip Code 24151	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Virgil H. Goode, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District 5	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) B. Friends of Roger Wicker		Transaction ID: 10832725 Date of Disbursement 03 / 25 / 2005	
Mailing Address P.O. Box 874		Amount of Each Disbursement this Period 1000.00	
City Tupelo State MS Zip Code 38802	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Roger Wicker Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District 1	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) C. The Hawkeye PAC		Transaction ID: 10832729 Date of Disbursement 03 / 25 / 2005	
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 1500.00	
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 2006	011 Category/ Type	2006
Candidate Name Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ► **3500.00**

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

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

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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. John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. John D. Dingell

Office Sought: House
Senate
President

State: MI District: 15

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

Transaction ID: 10898224
Date of Disbursement
03 / 30 / 2005

Amount of Each Disbursement this Period
5000.00

011
Category/
Type
2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	30000.00