

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) 9312 Old Georgetown Road Bethesda MD 20814 1698

2. FEC IDENTIFICATION NUMBER C00008839 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer Dr. Gerald Peterson, DPM

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 10 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		279280.76
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	251810.15									
(c) Total Receipts (from Line 19) .....	21175.31	290053.11								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	272985.46	569333.87								
7. Total Disbursements (from Line 31) .....	61303.00	357651.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	211682.46	211682.46								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	9051.87	162535.73
(i) Itemized (use Schedule A) .....	11270.00	108237.36
(ii) Unitemized .....	20321.87	270773.09
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	20321.87	270773.09
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	853.44	17280.02
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)) .....	21175.31	290053.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21175.31	290053.11

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	803.00	8801.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	803.00	8801.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60500.00	348099.77
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	750.00
(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	750.00
29. Other Disbursements.....	0.00	0.00
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 Activity (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))..	61303.00	357651.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	61303.00	357651.41

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	20321.87	270773.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20321.87	270023.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	803.00	8801.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	803.00	8801.64

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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) <b>A.</b> Dr. Michael Charles Edwards, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 26 Partridge Cir.		<b>Transaction ID:</b> 12978795	
City Beaufort	State SC	Zip Code 29907-1234	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Podiatry Associates	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael J. Marcus		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006	
Mailing Address 405 Goldenrod Ave.		<b>Transaction ID:</b> 12978799	
City Corona Del Mar	State CA	Zip Code 92625-2913	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. William J. O'Neill		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 3530 Stancliff Rd.		<b>Transaction ID:</b> 12978855	
City Clemmons	State NC	Zip Code 27012-9085	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carolina Foot Care Associates	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Vito N. Giardina

Mailing Address 7707 Wisconsin Ave. #825

City State Zip Code  
Bethesda MD 20814-6555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2006

**Transaction ID:** 12978915

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Martin M. Pressman

Mailing Address 109 N. Racebrook Rd.

City State Zip Code  
Woodbridge CT 06525-1407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Milford Podiatry Associates Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2006

**Transaction ID:** 12978946

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Darrell Duane Prins

Mailing Address 3200 N.E. 30th St.

City State Zip Code  
Lincoln City OR 97367-5105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lincoln County Foot Health Center Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2006

**Transaction ID:** 12978948

Amount of Each Receipt this Period  
250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. William Scott Newcomb		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 248 Potomac Rd.		<b>Transaction ID:</b> 12984151	
City Wilmington	State DE	Amount of Each Receipt this Period 250.00	
Zip Code 19803-3121		FEC ID number of contributing federal political committee. C	
Name of Employer Brandywine Podiatry	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. B. David Massaband		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1561 Roscomare Rd.		<b>Transaction ID:</b> 12984154	
City Los Angeles	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 90077-2208		FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. David W. O'Brian		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 10 N. Roselle Rd. #300		<b>Transaction ID:</b> 12984159	
City Roselle	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60172-1593		FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Jeff W. Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 3958 Fillmore		<b>Transaction ID:</b> 12992281	
City State Zip Code Saint Louis MO 63116-3116	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Neal Kramer		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 5775 Fresh Meadow Dr.		<b>Transaction ID:</b> 12992291	
City State Zip Code Macungie PA 18062-9522	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Michael Molay		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1345 Sunburst		<b>Transaction ID:</b> 12998268	
City State Zip Code Northbrook IL 60062-4260	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Podiatrist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Daniel F. Ryan		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 16288 Birchwood Ln		<b>Transaction ID:</b> 13003520
City State Zip Code Brainerd MN 56401-6183	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Brainerd Medical Center, P.A.	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. R. Daniel Davis		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 450 Clement Ln.		<b>Transaction ID:</b> 13003718
City State Zip Code Orange CT 06477-2803	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. James V. Stelnicki		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006
Mailing Address 3473 Tidewater Dr.		<b>Transaction ID:</b> 13003724
City State Zip Code Weeki Wachee FL 34607-1045	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	950.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael W. Heaslet

Mailing Address 4950 Barranca Pkwy. #308

City Irvine State CA Zip Code 92604-4631

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 1 9 / 2 0 0 6

**Transaction ID:** 13003725

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert K. Lee

Mailing Address 1324 El Prado Ave. #35

City Torrance State CA Zip Code 90501-2715

FEC ID number of contributing federal political committee. **C**

Name of Employer University Podiatry Group Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 6

**Transaction ID:** 13091572

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Anoosh Moadab

Mailing Address 2911 E. Solar Ave.

City Fresno State CA Zip Code 93720-5441

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 6

**Transaction ID:** 13091574

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Craig S. Schein		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 4573 Bayley Hazen Rd.		Transaction ID: 13091577
City State Zip Code Peacham VT 05862	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Self-Employed Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael R. Joyce		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address 519 S. Van Buren Rd. #D		Transaction ID: 13123723
City State Zip Code Eden NC 27288-5015	Amount of Each Receipt this Period -500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Self-Employed Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Credit Card Refund - Per Request of Contributor

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. John P. Calcaterra		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address Birmingham Podiatry 2012 8th Ct. S.		Transaction ID: 13125840
City State Zip Code Birmingham AL 35205-2799	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Birmingham Podiatry Occupation Birmingham Podiatry Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brian Orahood

Mailing Address 250 N.W. River Park Pl.

City State Zip Code  
Canby OR 97013-8146

FEC ID number of contributing federal political committee. **C**

Name of Employer OR Foot Specialists Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 13126720

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark O. Ellis

Mailing Address 1166 11th St.

City State Zip Code  
Astoria OR 97103-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2006

Transaction ID: 13126722

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jason Ray Surratt

Mailing Address 8722 S.W. 49th Ave.

City State Zip Code  
Portland OR 97219-3357

FEC ID number of contributing federal political committee. **C**

Name of Employer Westside Podiatry Clinic Occupation Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

Transaction ID: 13155396

Amount of Each Receipt this Period  
250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kathleen Kelly Appleman

Mailing Address 1096 Birdie Ln.

City State Zip Code  
Jackson MO 63755-3268

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Appleman Podiatry Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID: 13155398**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steve Carroll

Mailing Address 215 E. Capitol Ave.

City State Zip Code  
Jefferson City MO 65101-3001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MISSOURI PODIATRIC MEDICAL ASSOCIATION Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID: 13155399**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey S. Boberg

Mailing Address 12651 Westport Dr.

City State Zip Code  
Saint Louis MO 63146-3846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2006

**Transaction ID: 13155400**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

**A.** Full Name (Last, First, Middle Initial)  
Dr. B. Richard Burke

Mailing Address 1761 W. Romneya Dr. #E.

City State Zip Code  
Anaheim CA 92801-1816

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed  
Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 13155444**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Leonette A. May

Mailing Address Anaton Podiatric Surgery Group  
1761 W. Romneya Dr. E.

City State Zip Code  
Anaheim CA 92801-1816

FEC ID number of contributing federal political committee. **C**

Name of Employer Anaton Podiatric Surgery Group  
Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 13155445**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Todd R. Hovermale

Mailing Address 1849 Allen Ln.

City State Zip Code  
Anderson IN 46012-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed  
Occupation Podiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2006

**Transaction ID: 13155446**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Scott A. Hamilton		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006
Mailing Address Coastal Podiatry Associates 8141 Rourk St.		<b>Transaction ID:</b> 13155544
City Myrtle Beach	State SC Zip Code 29572-4128	
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coastal Podiatry Associates	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Michael Thomas Hames		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 60 County Rd 322		<b>Transaction ID:</b> 13166424
City Florence	State AL Zip Code 35634-3656	
Amount of Each Receipt this Period 501.87		Amount of Each Receipt this Period 501.87
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.87	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1001.87
<b>TOTAL</b> This Period (last page this line number only) .....	9051.87



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 34
	(check only one)	
<input 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 checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
APMA Government Education Fund

Mailing Address 9312 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15550.15

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2006

**Transaction ID:** 13004162

Amount of Each Receipt this Period  
622.32

Transfers For Federal Operating Expenditures

**B.** Full Name (Last, First, Middle Initial)  
Citigroup Global Markets, Inc.

Mailing Address 100 Light St., 19th Floor

City State Zip Code  
Baltimore MD 21202-1036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Citigroup Global Markets, Inc. Investment Firm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1729.87

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2006

**Transaction ID:** 13323861

Amount of Each Receipt this Period  
231.12

Interest on Investments

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>853.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>853.44</b>

# 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 18 / 34

<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
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank, N.A.</b>		Transaction ID: 13302905 Date of Disbursement 09 / 05 / 2006
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 193.37
City Charlotte State NC Zip Code 28262-3966	Bank Fees 001 Category/Type	
Purpose of Disbursement Bank Fees Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank, N.A.</b>		Transaction ID: 13302907 Date of Disbursement 09 / 05 / 2006
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 31.25
City Charlotte State NC Zip Code 28262-3966	Bank Fees 001 Category/Type	
Purpose of Disbursement Bank Fees Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Wachovia Bank, N.A.</b>		Transaction ID: 13302908 Date of Disbursement 09 / 05 / 2006
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 30.80
City Charlotte State NC Zip Code 28262-3966	Bank Fees 001 Category/Type	
Purpose of Disbursement Bank Fees Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	255.42
<b>TOTAL</b> 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)

<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
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 13302909 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank, N.A.</b>		<b>Transaction ID:</b> 13302910 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 65.07
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Citigroup Global Markets, Inc.</b>		<b>Transaction ID:</b> 13323866 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address 100 Light St., 19th Floor		Amount of Each Disbursement this Period 478.01
City Baltimore State MD Zip Code 21202-1036	Investment Expenses	
Purpose of Disbursement Investment Expenses Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>547.58</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>803.00</b>

**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 20 / 34

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

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

Full Name (Last, First, Middle Initial) <b>A. Obama For Illinois Inc</b>		<b>Transaction ID: 12966443</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address P.O. Box 802799		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60680		
Purpose of Disbursement	011 Category/Type	
Candidate Name Sen. Barack Obama		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mccrery For Congress Committee</b>		<b>Transaction ID: 12969261</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 1000.00
City Shreveport State LA Zip Code 71135		
Purpose of Disbursement	011 Category/Type	
Candidate Name Rep. Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Snowe For SenateE</b>		<b>Transaction ID: 12966534</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 2000		Amount of Each Disbursement this Period 3000.00
City Portland State ME Zip Code 04104		
Purpose of Disbursement	011 Category/Type	
Candidate Name Olympia J. Snowe		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Pete Stark Re-Election Committee</b>		Transaction ID: 12966517 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 2500.00	
City Fremont State CA Zip Code 94537	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Fortney Peter Stark			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Nelson for Senate</b>		Transaction ID: 12974560 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address PO BOX 8666		Amount of Each Disbursement this Period 1000.00	
City Omaha State NE Zip Code 68108	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Ben Nelson			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kyl for Senate</b>		Transaction ID: 12966510 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006	
Mailing Address Post Office Box 10246		Amount of Each Disbursement this Period 1000.00	
City Phoenix State AZ Zip Code 85064	Purpose of Disbursement 011 Category/ Type		
Candidate Name Jon Kyl			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 22 / 34

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

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

Full Name (Last, First, Middle Initial) <b>A. Hoyer For Congress</b>		<b>Transaction ID:</b> 12966524 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6	
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 1000.00	
City Clinton State MD Zip Code 20735	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Steny H. Hoyer			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Latham For Congress</b>		<b>Transaction ID:</b> 12966496 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6	
Mailing Address PO Box 71 PO Box 71		Amount of Each Disbursement this Period 1000.00	
City Clarion State IA Zip Code 50525	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Thomas P. Latham			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Citizens For Gillmor</b>		<b>Transaction ID:</b> 12966522 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6	
Mailing Address P.O. Box 150		Amount of Each Disbursement this Period 2500.00	
City Old Fort State OH Zip Code 44861	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Paul Gillmor			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. David Scott For Congress</b>		<b>Transaction ID:</b> 12966525 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 6
Mailing Address 162 Hurt Street Ne		Amount of Each Disbursement this Period 1000.00
City Atlanta State GA Zip Code 30307		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. David Scott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Congressman Waxman Campaign Committee</b>		<b>Transaction ID:</b> 12997320 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 2500.00
City Los Angeles State CA Zip Code 90048		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Henry A. Waxman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bob Filner for Congress</b>		<b>Transaction ID:</b> 12997322 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 127868		Amount of Each Disbursement this Period 1000.00
City San Diego State CA Zip Code 92112		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Bob Filner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Clay Shaw</b>		Transaction ID: 12997318 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 2600 Ne 14th. Street Causeway 2600 Ne 14th. Street Causeway		Amount of Each Disbursement this Period 1000.00
City Pompano Beach State FL Zip Code 33062	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. E. Clay Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gene Green Congressional Campaign</b>		Transaction ID: 12997333 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address PO Box 16128		Amount of Each Disbursement this Period 2500.00
City Houston State TX Zip Code 77222	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Gene Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Simpson For Congress</b>		Transaction ID: 12997334 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1000.00
City Blackfoot State ID Zip Code 83221	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Michael K. Simpson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Steve Rothman For Congress Inc.</b>		Transaction ID: 12997321 Date of Disbursement 09 / 15 / 2006
Mailing Address Post Office Box 714		Amount of Each Disbursement this Period 1500.00
City Hackensack	State NJ	
Zip Code 07602		
Purpose of Disbursement		
Candidate Name Rep. Steven R. Rothman		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 9		

Full Name (Last, First, Middle Initial) <b>B. Volunteers For Shimkus</b>		Transaction ID: 12997323 Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 5458		Amount of Each Disbursement this Period 1000.00
City Springfield	State IL	
Zip Code 62705		
Purpose of Disbursement		
Candidate Name Rep. John M. Shimkus		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 19		

Full Name (Last, First, Middle Initial) <b>C. Bass Victory Committee</b>		Transaction ID: 12997317 Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 3451 PO Box 3451		Amount of Each Disbursement this Period 1000.00
City Concord	State NH	
Zip Code 03302		
Purpose of Disbursement		
Candidate Name Rep. Charles F. Bass		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Moran For Congress</b>		<b>Transaction ID: 12997331</b> Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 2518		Amount of Each Disbursement this Period 2000.00
City Alexandria	State VA	
Zip Code 22301		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. James P. Moran		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 8		

Full Name (Last, First, Middle Initial) <b>B. Dr. Hunter For Congress</b>		<b>Transaction ID: 12997328</b> Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 2119		Amount of Each Disbursement this Period 1000.00
City Oklahoma City	State OK	
Zip Code 73101		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Paul Hunter		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK District: 5		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Charlie Wilson</b>		<b>Transaction ID: 12997326</b> Date of Disbursement 09 / 15 / 2006
Mailing Address 7 Cadiz Pike		Amount of Each Disbursement this Period 1000.00
City Bridgeport	State OH	
Zip Code 43912		
Purpose of Disbursement 011 Category/Type		
Candidate Name Mr. Charles Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. David Davis Victory Fund</b>		<b>Transaction ID:</b> 12997325 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 0 6	
Mailing Address 2016 Northwood Drive		Amount of Each Disbursement this Period 1000.00	
City Johnson City State TN Zip Code 37601	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Mr. David Davis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Darlene Hooley For Congress</b>		<b>Transaction ID:</b> 13123909 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address 6404 Failing St		Amount of Each Disbursement this Period 1000.00	
City West Linn State OR Zip Code 97068	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Darlene Hooley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Norwood For Congress</b>		<b>Transaction ID:</b> 13123903 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6	
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period 2500.00	
City Evans State GA Zip Code 30809	011 Category/ Type		
Purpose of Disbursement			
Candidate Name Rep. Charles W. Norwood			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Levin For Congress</b>		<b>Transaction ID: 13123896</b> Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 37		Amount of Each Disbursement this Period 1500.00
City Roseville State MI Zip Code 48066	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Sander M. Levin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Becerra for Congress</b>		<b>Transaction ID: 13123907</b> Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 3000.00
City Los Angeles State CA Zip Code 90026	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Congressman Bill Young Campaign Committee</b>		<b>Transaction ID: 13123908</b> Date of Disbursement 09 / 25 / 2006
Mailing Address P. O. Box 47025		Amount of Each Disbursement this Period 1000.00
City St. Petersburg State FL Zip Code 33743	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. C.W. Bill Young		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. People For English</b>		Transaction ID: 13123899 Date of Disbursement 09 / 25 / 2006
Mailing Address P.O. Box 1940		Amount of Each Disbursement this Period 2500.00
City Erie State PA Zip Code 16507	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Phil English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mike Ross For Congress Committee</b>		Transaction ID: 13123901 Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 360		Amount of Each Disbursement this Period 1000.00
City Prescott State AR Zip Code 71857	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Michael A. Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Maloney For Congress</b>		Transaction ID: 13123906 Date of Disbursement 09 / 25 / 2006
Mailing Address 49 East 92nd Street		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10128	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Carolyn B. Maloney		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Solis For Congress</b>		<b>Transaction ID: 13155373</b> Date of Disbursement 09 / 25 / 2006
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	
Zip Code 90048		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. Hilda L. Solis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 32		

Full Name (Last, First, Middle Initial) <b>B. John Lewis For Congress</b>		<b>Transaction ID: 13123897</b> Date of Disbursement 09 / 25 / 2006
Mailing Address 1520 Pinehurst Drive Sw		Amount of Each Disbursement this Period 2000.00
City Atlanta	State GA	
Zip Code 30311		
Purpose of Disbursement 011 Category/Type		
Candidate Name Rep. John Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 5		

Full Name (Last, First, Middle Initial) <b>C. Campaign For Maryland</b>		<b>Transaction ID: 13123905</b> Date of Disbursement 09 / 25 / 2006
Mailing Address 220 Broadway		Amount of Each Disbursement this Period 1000.00
City Centerville	State MD	
Zip Code 21617		
Purpose of Disbursement 011 Category/Type		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Marsha Blackburn For Congress Inc.</b>		Transaction ID: 13123900 Date of Disbursement 09 / 25 / 2006	
Mailing Address PO Box 682185		Amount of Each Disbursement this Period 1000.00	
City Franklin State TN Zip Code 37068	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Marsha Blackburn	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kuhl For Congress</b>		Transaction ID: 13123902 Date of Disbursement 09 / 25 / 2006	
Mailing Address 10 Ganesvoort Street Suite 101		Amount of Each Disbursement this Period 1000.00	
City Bath State NY Zip Code 14810	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. John Kuhl	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stephen F. Lynch For Congress Committee</b>		Transaction ID: 13123904 Date of Disbursement 09 / 25 / 2006	
Mailing Address 105 Farragut Road		Amount of Each Disbursement this Period 1000.00	
City South Boston State MA Zip Code 02127	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Stephen Lynch	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Brian Higgins For Congress</b>		<b>Transaction ID: 13123898</b> Date of Disbursement 09 / 25 / 2006
Mailing Address PO Box 28		Amount of Each Disbursement this Period 1000.00
City Buffalo	State NY	
Zip Code 14220		
Purpose of Disbursement		
Candidate Name Rep. Brian Higgins		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 27		

Full Name (Last, First, Middle Initial) <b>B. Stupak For Congress</b>		<b>Transaction ID: 13153116</b> Date of Disbursement 09 / 28 / 2006
Mailing Address 817 Ninth Avenue P.O. Box 156 PO Box 143		Amount of Each Disbursement this Period 2500.00
City Menominee	State MI	
Zip Code 49858		
Purpose of Disbursement		
Candidate Name Rep. Bart Stupak		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 1		

Full Name (Last, First, Middle Initial) <b>C. David Price for Congress</b>		<b>Transaction ID: 13153118</b> Date of Disbursement 09 / 28 / 2006
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City Raleigh	State NC	
Zip Code 27602		
Purpose of Disbursement		
Candidate Name Mr. David Price		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Tim Murphy For Congress</b>		<b>Transaction ID: 13153115</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 1000.00
City Pttsburgh State PA Zip Code 15234	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Tim F. Murphy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Chocola For Congress Inc</b>		<b>Transaction ID: 13153113</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00
City South Bend State IN Zip Code 46660	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Christopher Chocola		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Udall For Us All</b>		<b>Transaction ID: 13153114</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 208		Amount of Each Disbursement this Period 1000.00
City Santa Fe State NM Zip Code 87504	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Tom Udall		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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.** Capuano For Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Michael Capuano

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MA District: 8

Transaction ID: 13153117

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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