

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
 Check if different than previously reported. (ACC)
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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day Post -Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2005 through 09 30 2005

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

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

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 07 18 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**

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:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		284106.18
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	368274.71									
(c) Total Receipts (from Line 19)	30367.35	345833.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	398642.06	629940.17								
7. Total Disbursements (from Line 31)	65134.84	296432.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	333507.22	333507.22								
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**

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	5

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	10424.00	201895.88
(i) Itemized (use Schedule A)	19730.00	142045.00
(ii) Unitemized	30154.00	343940.88
(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)	30154.00	343940.88
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.)	213.35	1393.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30367.35	345833.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30367.35	345833.99

DETAILED SUMMARY PAGE
of Disbursements

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.....	334.84	9298.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	334.84	9298.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64800.00	286856.57
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	250.00
29. Other Disbursements.....	0.00	27.86
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election 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))..	65134.84	296432.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	65134.84	296432.95

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)	30154.00	343940.88
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30154.00	343690.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	334.84	9298.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	334.84	9298.52

**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 / 35
	<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	

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. Michael R. Droulette		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005	
Mailing Address 11304 Odell Farms Ct.		Transaction ID: 11514064	
City State Zip Code Beltsville MD 20705-4106	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Bruce A. Scudday		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005	
Mailing Address Murchison Medical Bldg. 1810 Murchison #206		Transaction ID: 11514650	
City State Zip Code El Paso TX 79902-2906	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Jane E. Graebner		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 4351 Fry Rd.		Transaction ID: 11518863	
City State Zip Code Ostrander OH 43061-9449	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 35
	<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. Marc A. Benard

Mailing Address 22910 Crenshaw Blvd. #B

City State Zip Code
Torrance CA 90505-3023

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
MM / DD / YYYY
09 / 07 / 2005

Transaction ID: 11518865

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Rex Smith

Mailing Address 1060 Chambers St.

City State Zip Code
Eugene OR 97402-3781

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 ▼
249.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2005

Transaction ID: 11518878

Amount of Each Receipt this Period
249.00

C. Full Name (Last, First, Middle Initial)
Dr. Beverly A. Spurs

Mailing Address 3213 Oxford Pl.

City State Zip Code
Concord CA 94518-1405

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2005

Transaction ID: 11518890

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	799.00
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: (check only one)	PAGE 8 / 35
	<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) A. Dr. Albert J. Chaparro		Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2005	
Mailing Address 2480 Mission St. #104		Transaction ID: 11518897	
City State Zip Code San Francisco CA 94110-2431	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 400.00		

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

Full Name (Last, First, Middle Initial) C. Dr. Frank S. Campo		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2005	
Mailing Address N. End Foot Center 260 North St.		Transaction ID: 11533265	
City State Zip Code Boston MA 02113-2106	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<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) A. Dr. David W. Powell		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 11020 Upper Mt. Vernon Rd.		Transaction ID: 11533266
City State Zip Code Mount Vernon IN 47620-9073	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Tony Dale Quinton		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 5
Mailing Address 2608 St. Charles Ave.		Transaction ID: 11533276
City State Zip Code Idaho Falls ID 83404-7390	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Andrew G. Samuels		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 2 / 2 0 0 5
Mailing Address 945 W. 7th St.		Transaction ID: 11533286
City State Zip Code Oxnard CA 93030-6756	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 35
	<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. David P. Rosenzweig

Mailing Address 5 Blanchard Rd.

City State Zip Code
Greenwich CT 06831-3676

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 15 / 2005

Transaction ID: 11536488

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Norman S. Regal

Mailing Address The Triad Foot Center
2706 St. Jude St.

City State Zip Code
Greensboro NC 27405-3675

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 15 / 2005

Transaction ID: 11536493

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Neal R. Frankel

Mailing Address Advanced Foot & Ankle
30 S. Michigan Ave. #302

City State Zip Code
Chicago IL 60603-3225

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
09 / 19 / 2005

Transaction ID: 11544850

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 11 / 35
	<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) A. Dr. Douglas G. Stoker		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 3985 Parkview Dr.		Transaction ID: 11544851	
City State Zip Code Salt Lake City UT 84124-2323	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. John N. Evans		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 547 E. Huron		Transaction ID: 11544852	
City State Zip Code Milford MI 48381-2424	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	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) C. Dr. Stephen A. Monaco		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 9 Fox Brook Ln.		Transaction ID: 11544853	
City State Zip Code Thornton PA 19373-1126	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: (check only one)	PAGE 12 / 35
	<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. Ronald W. Hugar

Mailing Address Hugar Foot & Ankle Specialists
1614 N. Harlem Ave.

City Elmwood Park State IL Zip Code 60707-4302

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2005

Transaction ID: 11544854

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Jay C. Goldstein

Mailing Address 2626 N.W. 83rd Pl.

City Portland State OR Zip Code 97229-4151

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 Y
09 / 19 / 2005

Transaction ID: 11545240

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mackie J. Walker, Jr.

Mailing Address 1168 Richardsons Lake Rd.

City Aiken State SC Zip Code 29803-9293

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 Y
09 / 26 / 2005

Transaction ID: 11574585

Amount of Each Receipt this Period
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: (check only one)	PAGE 13 / 35
	<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) A. Dr. Marc D. Lenet		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005	
Mailing Address 1 Shaded Glen Ct.		Transaction ID: 11574595	
City Owings Mills	State MD	Amount of Each Receipt this Period 500.00	
Zip Code 21117-3048		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. Dr. Timothy C. Ford		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005	
Mailing Address 4000 Hope Ct.		Transaction ID: 11574611	
City Louisville	State KY	Amount of Each Receipt this Period 250.00	
Zip Code 40220-2231		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 ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Dr. William J. Sarchino		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005	
Mailing Address 685 Spraguetown Rd.		Transaction ID: 11574645	
City Greenwich	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 12834-3507		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 ▼ 250.00			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<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. Kelly S. Stagg

Mailing Address 6078 Sharon Cir.

City Ogden State UT Zip Code 84403-5006

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 / 19 / 2005

Transaction ID: 11574657

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kimberly Marie Eickmeier

Mailing Address 4701 Brittany Trail Dr.

City Champaign State IL Zip Code 61822-3549

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 ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2005

Transaction ID: 11574660

Amount of Each Receipt this Period
 275.00

C. Full Name (Last, First, Middle Initial)
Dr. Shane M. Hollawell

Mailing Address 1440 Garrett Dr.

City Wall Township State NJ Zip Code 07719-9647

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 / 19 / 2005

Transaction ID: 11574676

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)	775.00
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: (check only one)	PAGE 15 / 35
	<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) A. Dr. Mark L. Yeske		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005	
Mailing Address 3436 N.E. Riverside School St.		Transaction ID: 11574979	
City Pendleton	State OR	Zip Code 97801-3463	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <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. Dr. Lee E. Firestone		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address 2021 K St. N.W. #520		Transaction ID: 11574992	
City Washington	State DC	Zip Code 20006-1003	Amount of Each Receipt this Period 400.00
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr. David M. Moss		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 4740 Bonnie Ct.		Transaction ID: 11581258	
City West Bloomfield	State MI	Zip Code 48322-4467	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 35
	<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. Robert A. Boudreau

Mailing Address 3426 Fry Ave.

City State Zip Code
Tyler TX 75701-9022

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
09 / 26 / 2005

Transaction ID: 11581265

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. David Brian Day

Mailing Address 2818 Pacific View Trl.

City State Zip Code
Los Angeles CA 90068-2046

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
09 / 28 / 2005

Transaction ID: 11581349

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Anthony M. Overton, Jr.

Mailing Address 21032 Apollo Cir.

City State Zip Code
Olympia Fields IL 60461-1831

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
09 / 23 / 2005

Transaction ID: 11581354

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 17 / 35
	<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) A. Dr. Peter A. Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 1218 Painter Rd.		Transaction ID: 11595041	
City Middlebury	State VT	Amount of Each Receipt this Period 250.00	
Zip Code 05753-8936			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Charles John Gudas		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 100 Rutledge Ave		Transaction ID: 11595786	
City Charleston	State SC	Amount of Each Receipt this Period 250.00	
Zip Code 29401-1723			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Lyndon G. Johansen		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2005	
Mailing Address 2025 S.W. Daybreak Way		Transaction ID: 11595796	
City Troutdale	State OR	Amount of Each Receipt this Period 125.00	
Zip Code 97060-4468			
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 ▼ 375.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
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: (check only one)	PAGE 18 / 35
	<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) A. Dr. Fadi Elias Malak		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address P.O. Box 126		Transaction ID: 11595798	
City Winchester	State OR	Zip Code 97495-0126	Amount of Each Receipt this Period 125.00
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Robert A. Sampson		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address 10535 N.E. Glisan St. #360		Transaction ID: 11595801	
City Portland	State OR	Zip Code 97220-4076	Amount of Each Receipt this Period 125.00
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Kash K. Siepert		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2005	
Mailing Address 2300 Stewart Pkwy.		Transaction ID: 11595802	
City Roseburg	State OR	Zip Code 97470-1597	Amount of Each Receipt this Period 125.00
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 ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	375.00
TOTAL This Period (last page this line number only) ▶	10424.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 35	
	(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"/> 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)
Investment Account, Interest/Dividends

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 Citigroup Global Markets, Inc.	Occupation Investment Firm
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1393.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	5

Transaction ID: 11637286

Amount of Each Receipt this Period

213.35

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 35

<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) A. Wachovia Bank, N.A.		Transaction ID: 12780359 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 200.36
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees		001 Category/ Type
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. Wachovia Bank, N.A.		Transaction ID: 12780360 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 24.38
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees		001 Category/ Type
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) C. Wachovia Bank, N.A.		Transaction ID: 12780361 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 18.80
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees		001 Category/ Type
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	243.54
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 35

<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)

A. Wachovia Bank, N.A.

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 12780362

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

4.50

Bank Fees

Full Name (Last, First, Middle Initial)

B. Wachovia Bank, N.A.

Mailing Address NC8502
PO Box 563966

City Charlotte State NC Zip Code 28262-3966

Purpose of Disbursement
Bank Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 12780363

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

86.80

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

91.30

TOTAL This Period (last page this line number only)

334.84

**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 / 35

<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. Johnson For Congress Committee		Transaction ID: 11514099 Date of Disbursement 09 / 06 / 2005	
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00	
City New Britain	State CT	Zip Code 06050	2006 Primary Election
Purpose of Disbursement 2006 Primary Election		011 Category/ Type	
Candidate Name Rep. Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 5			

Full Name (Last, First, Middle Initial) B. Darlene Hooley For Congress		Transaction ID: 11514102 Date of Disbursement 09 / 06 / 2005	
Mailing Address 6404 Failing St		Amount of Each Disbursement this Period 1000.00	
City West Linn	State OR	Zip Code 97068	2006 Primary Election
Purpose of Disbursement 2006 Primary Election		011 Category/ Type	
Candidate Name Darlene Hooley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OR District: 5			

Full Name (Last, First, Middle Initial) C. Kyl for Senate		Transaction ID: 11472508 Date of Disbursement 09 / 06 / 2005	
Mailing Address POST OFFICE BOX 10246		Amount of Each Disbursement this Period 3000.00	
City Phoenix	State AZ	Zip Code 85064	2006 General Election
Purpose of Disbursement 2006 General Election		011 Category/ Type	
Candidate Name Jon Kyl			
Office Sought: <input type="checkbox"/> House <input checked="" 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: AZ District: 2			

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 35

<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. Citizens For Gillmor		Transaction ID: 11514097 Date of Disbursement 09 / 06 / 2005	
Mailing Address P.O. Box 150		Amount of Each Disbursement this Period 1000.00	
City Old Fort	State OH	Zip Code 44861	011 Category/ Type 2006 Primary Election
Purpose of Disbursement 2006 Primary Election		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Paul Gillmor		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 5	

Full Name (Last, First, Middle Initial) B. Friends Of Dave Weldon		Transaction ID: 11524506 Date of Disbursement 09 / 09 / 2005	
Mailing Address PO Box 968		Amount of Each Disbursement this Period 1000.00	
City Melbourne	State FL	Zip Code 32902	011 Category/ Type 2006 Primary Election
Purpose of Disbursement 2006 Primary Election		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Rep. Dave Weldon, M.D.		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	

Full Name (Last, First, Middle Initial) C. Gerald C 'Jerry' Weller For Congress		Transaction ID: 11524504 Date of Disbursement 09 / 09 / 2005	
Mailing Address P.O. Box 687		Amount of Each Disbursement this Period 1000.00	
City Morris	State IL	Zip Code 60450	011 Category/ Type 2006 Primary Election
Purpose of Disbursement 2006 Primary Election		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mr. Gerald C. Jerry Weller		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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) A. Norwood For Congress		Transaction ID: 11524508 Date of Disbursement 09 / 09 / 2005
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period 2500.00
City Evans State GA Zip Code 30809	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) B. Citizens For Tom Petri		Transaction ID: 11524502 Date of Disbursement 09 / 09 / 2005
Mailing Address P.O. Box 270		Amount of Each Disbursement this Period 1000.00
City Fond Du Lac State WI Zip Code 54936	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Thomas E. Petri		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) C. Ros-Lehtinen For Congress		Transaction ID: 11524514 Date of Disbursement 09 / 09 / 2005
Mailing Address P O Box 52-2784 Suite 100		Amount of Each Disbursement this Period 1000.00
City Miami State FL Zip Code 33152	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Ileana Ros-Lehtinen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<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. The Hawkeye PAC		Transaction ID: 11524503 Date of Disbursement 09 / 09 / 2005
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 3500.00
City Des Moines	State IA Zip Code 50309	
Purpose of Disbursement 2005 Contribution		2005 Contribution
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:		

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

Full Name (Last, First, Middle Initial) C. Ben Cardin For Senate		Transaction ID: 11524510 Date of Disbursement 09 / 09 / 2005
Mailing Address PO Box 65056		Amount of Each Disbursement this Period 1000.00
City Baltimore	State MD Zip Code 21209	
Purpose of Disbursement 2006 Primary Election		2006 Primary Election
Candidate Name Mr. Benjamin Cardin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 2		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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. Friends of Kent Conrad		Transaction ID: 11536807 Date of Disbursement 09 / 15 / 2005
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 1000.00
City Bismarck	State ND	
Zip Code 58502		
Purpose of Disbursement 2006 Primary Election		
Candidate Name Kent Conrad		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election
State: ND District: 1		

Full Name (Last, First, Middle Initial) B. Friends of Kent Conrad		Transaction ID: 11536808 Date of Disbursement 09 / 15 / 2005
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 1000.00
City Bismarck	State ND	
Zip Code 58502		
Purpose of Disbursement 2006 General Election		
Candidate Name Kent Conrad		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election
State: ND District: 1		

Full Name (Last, First, Middle Initial) C. Hatch Election Committee		Transaction ID: 11536810 Date of Disbursement 09 / 15 / 2005
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		Amount of Each Disbursement this Period 5000.00
City Salt Lake City	State UT	
Zip Code 84101		
Purpose of Disbursement 2006 Primary Election		
Candidate Name Orrin G. Hatch		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election
State: UT District: 1		

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

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<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. People With Hart Inc		Transaction ID: 11536806 Date of Disbursement 09 / 15 / 2005	
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00	
City Wexford State PA Zip Code 15090	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Melissa A. Hart	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

Full Name (Last, First, Middle Initial) B. Bilirakis For Congress		Transaction ID: 11536805 Date of Disbursement 09 / 15 / 2005	
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 1000.00	
City Tampa State FL Zip Code 33606	Purpose of Disbursement 2006 Primary Election Candidate Name Mr. Gus Bilirakis	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 9	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

Full Name (Last, First, Middle Initial) C. Chef's Table		Transaction ID: 12781148 Date of Disbursement 09 / 24 / 2005	
Mailing Address 2005 South State St.		Amount of Each Disbursement this Period 1800.00	
City Orem State UT Zip Code 84097	Purpose of Disbursement In-Kind Contribution 2006 General Candidate Name Orrin G. Hatch	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	In-Kind Contribution 2006 General	

SUBTOTAL of Disbursements This Page (optional) ▶	3800.00
TOTAL 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) A. Peterson For Congress		Transaction ID: 11574899 Date of Disbursement 09 / 26 / 2005
Mailing Address 26192 Floyd Lake Point Road		Amount of Each Disbursement this Period 1000.00
City Detroit Lakes State MN Zip Code 56501	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Collin C. Peterson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) B. David Wu for Congress		Transaction ID: 11574900 Date of Disbursement 09 / 26 / 2005
Mailing Address 818 SW 3RD ST #1182		Amount of Each Disbursement this Period 1000.00
City Portland State OR Zip Code 97205	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name David Wu		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) C. Davis for Congress		Transaction ID: 11574896 Date of Disbursement 09 / 26 / 2005
Mailing Address 5630 W. Division St.		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60651	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Mr. Danny K. Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Steve Rothman For Congress Inc.		Transaction ID: 11574908 Date of Disbursement 09 / 26 / 2005
Mailing Address Post Office Box 714		Amount of Each Disbursement this Period 1000.00
City Hackensack	State NJ	
Zip Code 07602	Purpose of Disbursement 2006 Primary Election	
Candidate Name Rep. Steven R. Rothman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election
State: NJ District: 9		Category/Type 011

Full Name (Last, First, Middle Initial) B. Geoff Davis For Congress		Transaction ID: 11574892 Date of Disbursement 09 / 26 / 2005
Mailing Address 3161 Dixie Highway Suite F		Amount of Each Disbursement this Period 1000.00
City Erlanger	State KY	
Zip Code 41018	Purpose of Disbursement 2006 Primary Election	
Candidate Name Rep. Geoffrey Davis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election
State: KY District: 4		Category/Type 011

Full Name (Last, First, Middle Initial) C. Ryan For Congress		Transaction ID: 11574907 Date of Disbursement 09 / 26 / 2005
Mailing Address P. O. Box 1919 P. O. Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville	State WI	
Zip Code 53547	Purpose of Disbursement 2006 Primary Election	
Candidate Name Rep. Paul Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election
State: WI District: 1		Category/Type 011

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

2006 Primary Election

Full Name (Last, First, Middle Initial) B. Price For Congress		Transaction ID: 11574897 Date of Disbursement
Mailing Address P.O. Box 425		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2005"/>
City Roswell	State GA	Zip Code 30077
Purpose of Disbursement 2006 Primary Election		<input type="text" value="011"/> Category/ Type
Candidate Name Mr. Thomas Price		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 6	

2006 Primary Election

Full Name (Last, First, Middle Initial) C. McNulty For Congress Committee		Transaction ID: 11574893 Date of Disbursement
Mailing Address P.O. Box 1560		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2005"/>
City Green Island	State NY	Zip Code 12183
Purpose of Disbursement 2006 Primary Election		<input type="text" value="011"/> Category/ Type
Candidate Name Rep. Michael R. McNulty		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 21	

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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) A. People For Juanita Mcdonald For Congress, The		Transaction ID: 11574898 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Juanita Millender-McDonald		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) B. Schiff For Congress		Transaction ID: 11574901 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address 777 S. Figueroa St. Suite 4050		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90017	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Adam B. Schiff		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election

Full Name (Last, First, Middle Initial) C. Glacier PAC		Transaction ID: 11574884 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address 818 Connecticut Ave. NW Suite 1100		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006	011 Category/ Type	
Purpose of Disbursement 2005 Laedership PAC Contribution		
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) ▼	2005 Laedership PAC Contr- ibution

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL 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) A. Sanders For Senate		Transaction ID: 11574894 Date of Disbursement 09 / 26 / 2005	
Mailing Address PO Box 391		Amount of Each Disbursement this Period 1000.00	
City Burlington	State VT		011 Category/ Type
Purpose of Disbursement 2006 Primary Election			
Candidate Name Mr. Bernard Sanders			
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	
State: VT District: 2			

Full Name (Last, First, Middle Initial) B. Butterfield For Congress Committee		Transaction ID: 11574895 Date of Disbursement 09 / 26 / 2005	
Mailing Address 800 W Hines Street		Amount of Each Disbursement this Period 1000.00	
City Wilson	State NC		011 Category/ Type
Purpose of Disbursement 2006 Primary Election			
Candidate Name Rep. George Butterfield			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	
State: NC District: 1			

Full Name (Last, First, Middle Initial) C. Volunteers For Shimkus		Transaction ID: 11575489 Date of Disbursement 09 / 27 / 2005	
Mailing Address P.O. Box 5458		Amount of Each Disbursement this Period 2000.00	
City Springfield	State IL		011 Category/ Type
Purpose of Disbursement 2006 Primary Election			
Candidate Name Rep. John M. Shimkus			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	
State: IL District: 19			

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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. Kildee For Congress Committee		Transaction ID: 11582467 Date of Disbursement 09 / 29 / 2005	
Mailing Address P.O. Box 317		Amount of Each Disbursement this Period 1000.00	
City Flint State MI Zip Code 48501	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Dale E. Kildee	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

Full Name (Last, First, Middle Initial) B. Gerald C 'Jerry' Weller For Congress		Transaction ID: 11582465 Date of Disbursement 09 / 29 / 2005	
Mailing Address P.O. Box 687		Amount of Each Disbursement this Period 2500.00	
City Morris State IL Zip Code 60450	Purpose of Disbursement 2006 Primary Election Candidate Name Mr. Gerald C.Jerry Weller	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

Full Name (Last, First, Middle Initial) C. Friends of Conrad Burns		Transaction ID: 11582460 Date of Disbursement 09 / 29 / 2005	
Mailing Address P.O. Box 3311		Amount of Each Disbursement this Period 2000.00	
City Billings State MT Zip Code 59103	Purpose of Disbursement 2006 Primary Election Candidate Name Senator Conrad Burns	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 Primary Election	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL 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) A. Friends of Kent Conrad		Transaction ID: 11582461 Date of Disbursement 09 / 29 / 2005
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 4000.00
City Bismarck	State ND	
Zip Code 58502		
Purpose of Disbursement 2006 General Election		
Candidate Name Kent Conrad		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2006 General Election
State: ND District: 1		

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

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

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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. Campaign For Maryland		Transaction ID: 11582468 Date of Disbursement 09 / 29 / 2005
Mailing Address 220 Broadway		Amount of Each Disbursement this Period 1000.00
City Centerville	State MD	
Zip Code 21617	Purpose of Disbursement 2005 Leadership PAC Contribution	2005 Leadership PAC Contribution
Candidate Name	Category/Type 011	
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:		

Full Name (Last, First, Middle Initial) B. Barbara Lee For Congress		Transaction ID: 11582474 Date of Disbursement 09 / 29 / 2005
Mailing Address 1736 Franklin Street #500		Amount of Each Disbursement this Period 1000.00
City Oakland	State CA	
Zip Code 94612	Purpose of Disbursement 2006 Primary Election	2006 Primary Election
Candidate Name Rep. Barbara Lee	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 9		

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

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