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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2005 09 30 2005 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 07 18 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

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 [®] D " D 0.9 0 1 2005 0.9 3 0 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2005 284106.18 January 1 (b) Cash on Hand at 368274.71 Begining of Reporting Period 30367.35 345833.99 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 398642.06 629940.17 6(a) and 6(c) for Column B) 65134.84 296432.95 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 333507.22 333507.22 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW

Washington, DC 20463

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

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

м м 0 9

Report Covering the Period:

From:

01

2005

To:

м м 0 9 ^D 3^D 0

^Y 2005

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other				
	Than Political Committees (i) Itemized (use Schedule A)	10424.00	201895.88		
	(ii) Unitemized	19730.00	142045.00		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	30154.00	343940.88		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30154.00	343940.88		
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
3.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
Ο.	to Federal candidates and Other Political Committees	0.00	500.00		
7.	Other Federal Receipts (Dividends, Interest, etc.)	213.35	1393.11		
8.					
	(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

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEME		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Shared Federal/No 		-	
Activity (from Sche		0.00	0.00
(i) Federal Share		0.00	0.00
(ii) Non-Federal S	hare	0.00	0.00
(b) Other Federal Oper		004.04	0000 50
Expenditures		334.84	9298.52
(c) Total Operating Exp (add 21(a)(i), (a)(ii)	penditures and (b))	334.84	9298.52
. Transfers to Affiliated/O	her Party		
Committees		0.00	0.00
 Contributions to Federal Candidates/Con and Other Political Com 	nmittees	64800.00	286856.57
. Independent Expenditure		0.00	0.00
(use Schedule E)	s Made by Party	0.00	0.00
Committees (2 U.S.C. 4 (use Schedule F)	41a(d))	0.00	0.00
. Loan Repayments Made		0.00	0.00
. Loans Made		0.00	0.00
 Refunds of Contributions (a) Individuals/Persons 	Other	0.00	250.00
Than Political Com	mittees	0.00	250.00
(b) Political Party Com		0.00	0.00
(c) Other Political Com (such as PACs)		0.00	0.00
(d) Total Contribution F	Refunds		
(add Lines 28(a), (b), and (c))	0.00	250.00
. Other Disbursements		0.00	27.86
. Federal Election Activity	(2 U.S.C 431(20))		
(a) Shared Federal Elec			
(from Schedule H6)		0.00	0.00
(i) Federal Share	L	0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Ac With Federal Funds		0.00	0.00
(c) Total Federal Election Lines 30(a)(i), 30(a)	* '	0.00	0.00
. Total Disbursements (a	dd Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	65134.84	296432.95
. Total Federal Disburse	nents		
(subtract Line 21(a)(ii) f	` ' ' '	05104.04	000400.05
from Line 31)		65134.84	296432.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	30154.00	343940.88
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
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

C]		FOR LINE NUMBER: PAGE 6/35					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
Δr	y information copied from such Reports and Sta	temente may	y not be sold or used by any pers						
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee						
	7 monoan i Galamo Moarda 7 toom, mor	. outury .	omioar / totion committee						
	Full Name (Last, First, Middle Initial)								
A.	Dr. Michael R. Droulette			Date of Receipt					
	Mailing Address 11304 Odell Farms Ct.			M M / D D / Y Y Y Y					
				09 01 2005					
	City	State	Zip Code	Transaction ID: 11514064					
	Beltsville	MD	20705-4106	Amount of Each Receipt this Period					
	FEC ID number of contributing			300.00					
	federal political committee.	C		300.00					
	N (F)	10 "		_					
	Name of Employer Self Employed	Occupation Podiatrist							
	Descript Form		•	_					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_					
	Other (specify)	' '	300.00						
	Ctrici (Specify)	0 0		4					
_	Full Name (Last, First, Middle Initial)			 					
В.	Dr. Bruce A. Scudday			Date of Receipt					
	Mailing Address Murchison Medical Bldg	M M / D D / Y Y Y Y							
	1810 Murchison #206	09 02 2005							
	City	State	Zip Code	Transaction ID: 11514650					
	El Paso	TX	79902-2906	Amount of Each Receipt this Period					
	FEC ID number of contributing			500.00					
	federal political committee.	C		500.00					
	Name of Campleson	10		_					
	Name of Employer Self Employed	Occupation Podiatrist							
	Receipt For:		Year-to-Date V	_					
	Primary General	Aggregate	Frear-to-Date ▼						
	Other (specify)		500.00						
	Carior (openity) 🔻			4					
_	Full Name (Last, First, Middle Initial)								
C.	Dr. Jane E. Graebner			Date of Receipt					
	Mailing Address 4351 Fry Rd.	M M / D D / Y Y Y Y							
				09 07 2005					
	City	State	Zip Code	Transaction ID: 11518863					
	Ostrander	OH	43061-9449	Amount of Each Receipt this Period					
	FEC ID number of contributing	C		250.00					
	federal political committee.			250.00					
	Name of Employer	Occupation	<u> </u>	\dashv					
	Self Employed	Podiatrist							
	Receipt For:		Year-to-Date ▼	_					
	Primary General	33 13111		7					
	Other (specify) ▼	1	250.00						
		-		-					
s	UBTOTAL of Receipts This Page (optional)			1050.00					
F	1 -0- (-1 2)		•	-					

0				FOR LINE NUMBER: PAGE 7 / 35					
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)					
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
۸r	ny information copied from such Reports and Sta	ntomonte may	rnot ha cold or used by any pare						
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee						
	American i odiatne medicai Assii., inc.	i odialiy i	ontical Action Committee						
<u>/</u>	Full Name (Last, First, Middle Initial)								
A.	Dr. Marc A. Benard			Date of Receipt					
	Mailing Address 22910 Crenshaw Blvd.	#B		M M / D D / Y Y Y Y					
				09 07 2005					
	City	State	Zip Code	Transaction ID: 11518865					
	Torrance	CA	90505-3023	Amount of Each Receipt this Period					
	FEC ID number of contributing			050.00					
	federal political committee.	C		250.00					
				_					
	Name of Employer Self Employed	Occupation							
		Podiatris	-						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		250.00	11					
	Other (specify)			1					
R	Full Name (Last, First, Middle Initial) Dr. Rex Smith			Date of Receipt					
υ.	Mailing Address 1060 Chambers St.			M M / D D / Y Y Y Y					
	Mailing Address 1000 Chambers St.			09 07 2005					
	City	State	Zip Code	Transaction ID: 11518878					
	Eugene	OR	97402-3781	Amount of Each Receipt this Period					
			0.1020.01						
	FEC ID number of contributing federal political committee.	C		249.00					
	Name of Employer Self Employed	Occupation							
		Podiatris							
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		249.00	1					
	Other (specify)		249.00						
				_					
C	Full Name (Last, First, Middle Initial) Dr. Beverly A. Spurs			Date of Receipt					
٥.	Mailing Address 3213 Oxford Pl.			M M / D D / Y Y Y Y					
	Walling Address S213 Oxford F1.			0 9 0 6 2 0 0 5					
	City	State	Zip Code	Transaction ID: 11518890					
	Concord	CA	94518-1405	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		300.00					
	Name of Employer Self Employed	Occupation							
		Podiatris							
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		300.00	11					
	Other (specify)		000.00	1					
_									
				799.00					
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/35					
ITEMIZED RECEIPTS			or each category of the	(check only one)					
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or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	frict be sold of used by any perso dress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee						
A.	Full Name (Last, First, Middle Initial) Dr. Albert J. Chaparro			Date of Receipt					
	Mailing Address 2480 Mission St. #104	Ctata	7:n Codo	09 06 2005					
	City San Francisco	State CA	Zip Code	Transaction ID: 11518897					
		UA	94110-2431	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		200.00					
	Name of Employer Self Employed	Occupation Podiatrist							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		400.00						
	Other (specify) ▼	0 0							
В.				Date of Receipt					
	Mailing Address 10 Bristol Dr.			09 / 09 / 2005					
	City	State	Zip Code	Transaction ID: 11531648					
	Middletown	NY	10941-5206	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation Podiatrist							
	Receipt For:		Year-to-Date ▼	-					
	Primary General	riggregate	Total to Bate V						
	Other (specify) ▼	0 0	250.00						
C.	Full Name (Last, First, Middle Initial) Dr. Frank S. Campo			Date of Receipt					
	Mailing Address N. End Foot Center 260 North St.			0 9 1 3 2 0 0 5					
	City	State	Zip Code	Transaction ID: 11533265					
	Boston	MA	02113-2106	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation Podiatrist							
	Receipt For:		Year-to-Date ▼						
	Primary General		050.00						
	Other (specify) ▼		250.00						
s	UBTOTAL of Receipts This Page (optional)			700.00					
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T	OTAL This Period (last page this line number of	only)	>						

COUEDING A /FFC Form 2V)				FOR LINE NUMBER: PAGE 9/35					
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12					
			Detailed Summary Page	13 14 15 16 17					
۸r	ny information copied from such Reports and Sta	ntomonte may	rnot be cold or used by any pers						
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee						
	American i odiatne medicai Assii., inc.	i odialiy i	ontical Action Committee						
<u>/</u>	Full Name (Last, First, Middle Initial)								
A.	Dr. David W. Powell			Date of Receipt					
	Mailing Address 11020 Upper Mt. Vernor	n Rd.		M M / D D / Y Y Y Y					
				09 13 2005					
	City	State	Zip Code	Transaction ID: 11533266					
	Mount Vernon	IN	47620-9073	Amount of Each Receipt this Period					
	FEC ID number of contributing			500.00					
	federal political committee.	C		500.00					
				_					
	Name of Employer Self Employed	Occupation							
		Podiatris	-	_					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		500.00	11					
	Other (specify)			1					
R	Full Name (Last, First, Middle Initial) Dr. Tony Dale Quinton			Date of Receipt					
υ.	Mailing Address 2608 St. Charles Ave.			<u> </u>					
	Mailing Address 2006 St. Charles Ave.	09 12 2005							
	City	State	Zip Code	Transaction ID: 11533276					
	Idaho Falls	ID	83404-7390	Amount of Each Receipt this Period					
			30.01.7000	Amount of Each recorpt this i chea					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation							
	Sell Employed	Podiatris	t						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		250.00	1					
	Other (specify)		230.00						
				_					
C	Full Name (Last, First, Middle Initial) Dr. Andrew G. Samuels			Date of Receipt					
٥.	Mailing Address 945 W. 7th St.			M M / D D / Y Y Y Y					
	Walling Address 945 W. 7(II St.			09 12 2005					
	City	State	Zip Code	Transaction ID: 11533286					
	Oxnard	CA	93030-6756	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		250.00					
				_					
	Name of Employer Self Employed	Occupation							
		Podiatris		_					
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General		250.00						
	Other (specify)	0 0		1					
				1000.00					
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	1000.00					
	<u> </u>								

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 10 / 35				
•		Use separate schedule(s) or each category of the		(check only one)				
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12				
				13 14 15 16 17				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions				
or		ame and add	lress of any political committee to	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee					
Α.	Full Name (Last, First, Middle Initial) Dr. David P. Rosenzweig			Date of Receipt				
	Mailing Address 5 Blanchard Rd.			09 15 2005				
	City	State	Zip Code	Transaction ID: 11536488				
	Greenwich	CT	06831-3676	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer Self Employed	Occupation Podiatrist						
	Receipt For:	1	Year-to-Date ▼	\dashv				
	Primary General	7 iggi ogalo	Total to Bate V	1				
	Other (specify) ▼		300.00					
				·				
В.	Full Name (Last, First, Middle Initial) Dr. Norman S. Regal			Date of Receipt				
	Mailing Address The Triad Foot Center			M M / D D / Y Y Y Y				
	2706 St. Jude St.			09 15 2005				
	City	State	Zip Code	Transaction ID: 11536493				
	Greensboro	NC	27405-3675	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		300.00				
	Name of Employer Self Employed	Occupation						
		Podiatrist						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)	' '	300.00					
	Other (specify)	0 0		1				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Neal R. Frankel			Date of Receipt				
	Mailing Address Advanced Foot & Ankle 30 S. Michigan Ave. #30	12		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 11544850				
	Chicago	IL	60603-3225	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	С		250.00				
	Name of Employer Self Employed	Occupation Podiatrist						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	1 1		1				
	Other (specify) ▼		250.00					
s	UBTOTAL of Receipts This Page (optional)			850.00				
\vdash			'	-				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)			FOR LINE NUMBER: PAGE 11 / 35 (check only one)							
ITEMIZED RECEIPTS		or each category of the											
			Detailed Summary Page		\longrightarrow	-	11b	Ш	11c	\vdash	12	_	_
					13		14		15	L	16		17
Ar or	ny information copied from such Reports and Stat- for commercial purposes, other than using the na	person fo	or the pu licit cont	urpose ributio	e of so ons fro	licitii m si	ng cor uch co	ntrib omn	outions nittee.	3			
\setminus	NAME OF COMMITTEE (In Full)												
\rangle	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committe	ee									
Α.	Full Name (Last, First, Middle Initial) Dr. Douglas G. Stoker				Date	of Re	ceipt						
	Mailing Address 3985 Parkview Dr.							^D	/ Y		200		
	City	State	Zip Code		Trans	sactio	n ID:	115	4485	51			
	Salt Lake City	UT	84124-2323				Each				Period		
					7 (1110)	011101		1100	o.pt til		01100		
	FEC ID number of contributing federal political committee.	C						_			300.0	00	
	Name of Employer Self Employed	Occupation Podiatrist											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	1.55 5											
	Other (specify)		300.0	0									
	☐ Other (specify) ♥		1 1 1 1 1 1										
— В	Full Name (Last, First, Middle Initial) Dr. John N. Evans				Date	of Re	caint						
٥.													
	Mailing Address 547 E. Huron	Ctoto	Zin Codo		0 9)	1	9	1 4 4 0 F	. 2	200		
	City	State	Zip Code		Trans								
	Milford	MI	48381-2424		Amo	unt of	Each	Rec	eipt th	is F	Period		
	FEC ID number of contributing									250.0	n		
	federal political committee.	C					-	_			230.0	,0	
	Name of Employer Self Employed	Occupation											
	Seli Employed	Podiatrist	İ										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify)		250.0	00									
			0 0 0 0 0 0										
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Stephen A. Monaco				Date	of Re	ceint						
	Mailing Address 9 Fox Brook Ln.					M /		D	/ Y	V	Y	Y	
	Walling Address 9 FOX BIOOK LII.				0 9			9	´ '		00		
	City	State	Zip Code		Trans	sactio	n ID:	115	4485	53			
	Thornton	PA	19373-1126				Each				Period		
			100.0 1.20		711101	unit or	Laon	1100	oipt til	10 1	Ciloa	-	
	FEC ID number of contributing federal political committee.									250.0	00		
	Name of Employer Occupation Self Employed Padiatrict												
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		1 1 1 1 1 1										
	Other (specify) ▼		250.0	00									
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S	UBTOTAL of Receipts This Page (optional)			•							با.نان		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/35
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Dr. Ronald W. Hugar			Date of Receipt
	Mailing Address Hugar Foot & Ankle Spec 1614 N. Harlem Ave.			09 / 19 / 2005
	City Elmwood Park	State IL	Zip Code 60707-4302	Transaction ID: 11544854 Amount of Each Receipt this Period
	FEC ID number of contributing		00707-4302	
	federal political committee.	C		300.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Jay C. Goldstein			Date of Receipt
	Mailing Address 2626 N.W. 83rd Pl.			09 / 19 / 2005
	City	State	Zip Code	Transaction ID: 11545240
	Portland	OR	97229-4151	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	Podiatrist Aggregate	Year-to-Date ▼	
	Primary General	139.19		1
	Other (specify) ▼		250.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Mackie J. Walker, Jr.			Date of Receipt
	Mailing Address 1168 Richardsons Lake F	Rd.		09 / 26 / 2005
	City	State	Zip Code	Transaction ID: 11574585
	Aiken	SC	29803-9293	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
_	OTAL This Desired floor and the first floor in the floor	I. A		
	OTAL This Period (last page this line number onl	ıy)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/35
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	odiatry P	Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Marc D. Lenet			Date of Receipt
	Mailing Address 1 Shaded Glen Ct.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11574595
	Owings Mills	MD	21117-3048	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed '	Occupation Podiatrist		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Timothy C. Ford			Date of Receipt
	Mailing Address 4000 Hope Ct.			09 26 2005
	City	State	Zip Code	Transaction ID: 11574611
	Louisville	KY	40220-2231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Self Employed	Occupation Podiatrist		
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. William J. Sarchino			Date of Receipt
	Mailing Address 685 Spraguetown Rd.			09 26 2005
	City	State	Zip Code	Transaction ID: 11574645
	Greenwich	NY	12834-3507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed	Occupation Podiatrist		
		Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
H	OTAL This Period (last page this line number only			

				FOR LINE NUMBER DAGE 44/05						
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 35 (check only one)						
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12						
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Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee							
Α.	Full Name (Last, First, Middle Initial) Dr. Kelly S. Stagg			Date of Receipt						
	Mailing Address 6078 Sharon Cir.			09 19 2005						
	City	State	Zip Code	Transaction ID: 11574657						
	Ogden	UT	84403-5006	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Podiatrist								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		250.00	1						
	Other (specify) ▼	0 0		1						
В.	Full Name (Last, First, Middle Initial) Dr. Kimberly Marie Eickmeier			Date of Receipt						
	Mailing Address 4701 Brittany Trail Dr.	M M / D D / Y Y Y Y								
				09 19 2005						
	City	State	Zip Code	Transaction ID: 11574660						
	Champaign	IL	61822-3549	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		275.00						
	Name of Employer Self Employed	Occupation Podiatrist								
	Receipt For:		Year-to-Date ▼							
	Primary General			1						
	Other (specify) ▼		275.00							
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Shane M. Hollawell			Date of Receipt						
	Mailing Address 1440 Garrett Dr.			09 19 2005						
	City	State	Zip Code	Transaction ID: 11574676						
	Wall Township	NJ	07719-9647	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Podiatrist								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Primary General		250.00	1						
	Other (specify) ▼			1						
Г	<u>l</u>									
s	UBTOTAL of Receipts This Page (optional)			775.00						
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 35 (check only one)						
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Ar or	ly information copied from such Reports and Stati for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
\rangle	American Podiatric Medical Assn., Inc. I	Podiatry P	olitical Action Committee							
Α.	Full Name (Last, First, Middle Initial) Dr. Mark L. Yeske			Date of Receipt						
	Mailing Address 3436 N.E. Riverside Scho	ool St.		09 26 2005						
	City	State	Zip Code	Transaction ID: 11574979						
	Pendleton	OR	97801-3463	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Podiatrist								
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General			1						
	Other (specify) ▼		250.00							
В.	Full Name (Last, First, Middle Initial) Dr. Lee E. Firestone			Date of Receipt						
	Mailing Address 2021 K St. N.W. #520			09 20 YYYYY 2005						
	City	State	Zip Code	Transaction ID: 11574992						
	Washington	DC	20006-1003	Amount of Each Receipt this Period						
	FEC ID number of contributing	С		400.00						
	federal political committee.									
	Name of Employer Self Employed	Occupation Podiatrist								
	Receipt For:		Year-to-Date V	+						
	Primary General	7.99.094.0	Tour to Date V	1						
	Other (specify)		400.00							
_	Full Name (Last, First, Middle Initial)			D. (D.)						
C.	Dr. David M. Moss Mailing Address 4740 Bonnie Ct			Date of Receipt						
	Mailing Address 4740 Bonnie Ct.			09 27 2005						
	City	State	Zip Code	Transaction ID: 11581258						
	West Bloomfield	MI	48322-4467	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Self Employed	Occupation Podiatrist								
	Receipt For:		Year-to-Date ▼	7						
	Primary General			1						
	Other (specify) ▼		250.00							
Г										
s	UBTOTAL of Receipts This Page (optional)		······	900.00						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 35					
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)					
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
Ar	y information copied from such Reports and States for commercial purposes, other than using the r	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions					
or		ame and add	aress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)	D. P. D. D	o Pitto al Alarta a Olamanitura						
\angle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee						
A.	Full Name (Last, First, Middle Initial) Dr. Robert A. Boudreau			Date of Receipt					
	Mailing Address 3426 Fry Ave.			09 26 2005					
	City	State	Zip Code	Transaction ID: 11581265					
	Tyler	TX	75701-9022	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Self Employed	Occupation Podiatrist							
	Receipt For:	1	Year-to-Date ▼	-					
	Primary General	7.99.094.0		1					
	Other (specify) ▼		250.00						
				4					
В.	Full Name (Last, First, Middle Initial) Dr. David Brian Day			Date of Receipt					
	Mailing Address 2818 Pacific View Trl.			M M / D D / Y Y Y Y					
				09 28 2005					
	City	State	Zip Code	Transaction ID: 11581349					
	Los Angeles	CA	90068-2046	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer	Occupation	1						
	Self Employed	Podiatrist							
	Receipt For:		Year-to-Date V						
	Primary General	33 13		1					
	Other (specify) ▼		250.00						
_	Full Name (Last, First, Middle Initial)								
C.	Dr. Anthony M. Overton, Jr.			Date of Receipt					
	Mailing Address 21032 Apollo Cir.			09 23 2005					
	City	State	Zip Code	Transaction ID: 11581354					
	Olympia Fields	IL	60461-1831	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer Self Employed	Occupation Podiatrist							
	Receipt For:		Year-to-Date ▼						
	Primary General	00 0		1					
	Other (specify) ▼	1	250.00						
_									
s	UBTOTAL of Receipts This Page (optional)			750.00					
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SC	CHEDULE A (FEC Form 3X)		Llos concrete cobodulo(o)	FOR LINE NUMBER: PAGE 17/35
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIP 15		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
or 1	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Podiatric Medical Assn., Inc.	Podiatry F	Political Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Peter A. Miller			Date of Receipt
	Mailing Address 1218 Painter Rd.			09 30 7 2005
	City	State	Zip Code	Transaction ID: 11595041
	Middlebury	VT	05753-8936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		230.00	J
_	Full Name (Last, First, Middle Initial) Dr. Charles John Gudas			Date of Receipt
	Mailing Address 100 Rutledge Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11595786
	Charleston	SC	29401-1723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00]
	Full Name (Last, First, Middle Initial)			
	Dr. Lyndon G. Johansen			Date of Receipt
	Mailing Address 2025 S.W. Daybreak W	ay		09 30 2005
	City	State	Zip Code	Transaction ID: 11595796
	Troutdale	OR	97060-4468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self Employed	Occupation		7
		Podiatris		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Other (specify)		375.00	
				1
SI	JBTOTAL of Receipts This Page (optional)			625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 35 (check only one)				
II EIVIIZED NECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn.	-						
Full Name (Last, First, Middle Initial) A. Dr. Fadi Elias Malak			Date of Receipt				
Mailing Address P.O. Box 126			M M / D D / Y Y Y Y Y Y O S O S O S O S O S O S O S				
City	State	Zip Code	Transaction ID: 11595798				
Winchester	OR	97495-0126	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		125.00				
Name of Employer Self Employed	Occupation Podiatris						
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	250.00					
Full Name (Last, First, Middle Initial) 3. Dr. Robert A. Sampson	I		Date of Receipt				
Mailing Address 10535 N.E. Glisan	St. #360		09 30 2005				
City	State	Zip Code	Transaction ID: 11595801				
<u>Portland</u>	OR	97220-4076	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		125.00				
Name of Employer Self Employed	Occupation Podiatris						
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. Kash K. Siepert Mailing Address 2300 Stewart Pkw	y.		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID: 11595802				
Roseburg	OR	97470-1597	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		125.00				
Name of Employer Self Employed	Occupation Podiatris						
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00					
SUBTOTAL of Receipts This Page (option	al)		375.00				
	,		10424.00				

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc	c. Podiatry Political Action Committee	
Full Name (Last, First, Middle Initial) Investment Account, Interest/Dividends Mailing Address 100 Light St., 19th Flo City	oor State Zip Code	Date of Receipt M M
Baltimore FEC ID number of contributing federal political committee. Name of Employer	MD 21202-1036 C Occupation	Amount of Each Receipt this Period 213.35
Citigroup Global Markets, Inc. Receipt For: Primary General Other (specify)	Investment Firm Aggregate Year-to-Date ▼ 1393.11	

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

FEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check onl	
	27	22 23 24 25 26 28a 28b 28c 29 30
ny Information copied from such Reports and Start for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	* *	
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Mailing Address NC8502		Transaction ID: 12780359 Date of Disbursement O 9 O 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PO Box 563966 City Charlotte	State Zip Code NC 28262-3966	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type	200.36
Office Sought: House Senate President State: District:	ursement For: Primary General Other (specify) ▼	Bank Fees
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.		Transaction ID: 12780360 Date of Disbursement
Mailing Address NC8502 PO Box 563966		09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Charlotte	State Zip Code NC 28262-3966	Amount of Each Disbursement this Period 24.38
Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type	
Office Sought: House Disbution Senate President State: District:	ursement For: Primary General Other (specify) ▼	Bank Fees
Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.		Transaction ID: 12780361 Date of Disbursement
Mailing Address NC8502 PO Box 563966		09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City Charlotte	State Zip Code NC 28262-3966	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees Candidate Name	001 Category/ Type	18.80
Office Sought: House Senate President State: District:	ursement For: Primary General Other (specify) ▼	Bank Fees
SUBTOTAL of Disbursements This Page (option	al)	243.54

90	CHEDULE B (FEC Form 3X)												
	•		erate schedule(s)		OR LINE heck onl	NUMBER	:		PA	GE	21 /	35	
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		Detailed	Summary rage		27	28a	28b	H	28c	Н	29	\vdash	30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											IS	
\setminus	NAME OF COMMITTEE (In Full)												
	American Podiatric Medical Assn., Inc. Po	odiatry Poli	itical Action Co	ommitt	ee								
_	Full Name (Last, First, Middle Initial)					Transa	ction ID): 1	27803	 62			
A.	Wachovia Bank, N.A.					Date of							
	Mailing Address NC8502 PO Box 563966					0 9	/ D	0 2	D / Y	ž	o ŏ	5 Y	
	City Charlotte	State NC	Zip Code 28262-3966			Amount	of Eacl	n D	Disburse	men	t this	Perio	od
	Purpose of Disbursement Bank Fees			00	01						4.	50	
	Candidate Name			Cate Typ									
	Office Sought: House Disburse Senate President District:	ement For: Primary Other (spe	General cify) ▼			Bank F	ees						
_	Full Name (Last, First, Middle Initial)					_		_	07000				
В.	Wachovia Bank, N.A.					Transa Date of	Disburs	sen	nent				
	Mailing Address NC8502 PO Box 563966					0 9	/ D	0 6	5 / Y	ž	o ŏ :	5 ^Y	
	City Charlotte	State NC	Zip Code 28262-3966			Amount	of Eacl	n D	Disburse	men			od
	Purpose of Disbursement Bank Fees			00	1	L.		-	-	-	86.	80	
	Candidate Name			Cate:									
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General			Bank F	ees						

SUBTOTAL of Disbursements This Page (optional)	•	91.30
TOTAL This Period (last page this line number only)	•	334.84

District:

State:

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER:	L PA	GE 22/3	5
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 24 28b 28c	25 29	26 30b
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or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	e and address of any political co	THITHLEE TO SO	IICIL CONTRIBUTI	UNS HUITI SUCH C	ommudee	
American Podiatric Medical Assn., Inc. P	odiatry Political Action Com	mittee				
Full Name (Last, First, Middle Initial)			Transacti	on ID: 115140	99	
4. Johnson For Congress Committee				sbursement	V V	V
Mailing Address P.O. Box 1986			0 9	06	ž 0 ŏ 5	
City New Britain	State Zip Code CT 06050		Amount of	f Each Disburse	ment this P	eriod
Purpose of Disbursement	Г				1000.0	0
2006 Primary Election Candidate Name		011				
Rep. Nancy L. Johnson		Category/ Type				
Senate President	ement For: 2006 Primary General Other (specify)		2006 Prir	mary Election		
State: CT District: 5 Full Name (Last, First, Middle Initial)						
3. Darlene Hooley For Congress			Date of Di	on ID: 115141 sbursement		
Mailing Address 6404 Failing St			0 9	06	ž 0 ŏ 5	Y
City West Linn	State Zip Code OR 97068		Amount of	f Each Disburse		
Purpose of Disbursement 2006 Primary Election		011			1000.0	0
Candidate Name Darlene Hooley		Category/ Type				
Senate President	ement For: 2006 Primary General Other (specify)		2006 Prir	mary Election		
State: OR District: 5 Full Name (Last, First, Middle Initial)						
Kyl for Senate				on ID: 114725 sbursement	08	
Mailing Address POST OFFICE BOX 10	246		0 9	06	ž 0 ŏ 5	Y
City Phoenix	State Zip Code AZ 85064		Amount of	f Each Disburse	ment this P	eriod
Purpose of Disbursement 2006 General Election	011			3000.0	0	
Candidate Name Jon Kyl		Category/ Type				
Office Sought: House Disburs X Senate President State: AZ District: 2	ement For: 2006 Primary X General Other (specify)		2006 Ger	neral Election		
SUBTOTAL of Disbursements This Page (optional)				a a a	5000.0	0
TOTAL This Period (last page this line number only)					

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contribution for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Full Name (Last, First, Middle Initial) A. Citizens For Gillmor Mailing Address P.O. Box 150 City State Zip Code OH 44861 Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Paul Gillmor Office Sought: X House President State Zip Code Other (specify) ▼ Full Name (Last, First, Middle Initial) Friends Of Dave Weldon Mailing Address PO Box 968 City State Zip Code Other (specify) ▼ Full Name (Last, First, Middle Initial) Friends Of Dave Weldon Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address PO Box 968 City State Zip Code Mailing Address Po Box 968 City State Zip Code Mailing Address Po Box 968 City State Zip Code Mailing Address Po Box 968 Full Name (Last, First, Middle Initial) Category' Type Category' Type Code Primary Election Cardidate Name Rep. Dave Weldon, M.D. Office Sought: X House President Strict: 15 Full Name (Last, First, Middle Initial) Category' Type City State: FL District: 15 Full Name (Last, First, Middle Initial) Category' Type City State: FL District: 15 Full Name (Last, First, Middle Initial) Category' Type City State: FL District: 15 Full Name (Last, First, Middle Initial) Category' Type City State: FL District: 15 Full Name (Last, First, Middle Initial) Category' The Category' Th	/ 35	E NUMBER: PAGE 23/3	(check onl	Use seperate schedule(s)	SCHEBOLE B (I LCI OIII 3X)			
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) Citizens For Gillmor City Old Fort Old F	26 30b	22 X 23 24 25	<u> </u>		TEMIZED DISBURSEMENTS			
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۹.	Full Name (Last, First, Middle Initial) Norwood For Congress			Transaction ID: 11524508 Date of Disbursement				
	Mailing Address PO Box 499 PO Box 499			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Evans	State Zip Code GA 30809		Amount of Each Disbursement this Period				
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	Candidate Name Rep. Charles W. Norwood		Category/ Type	•				
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3.	Full Name (Last, First, Middle Initial) Citizens For Tom Petri			Transaction ID: 11524502 Date of Disbursement				
	Mailing Address P.O. Box 270			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City Fond Du Lac	State Zip Code WI 54936		Amount of Each Disbursement this Period				
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	Candidate Name Rep. Thomas E. Petri		Category/ Type	*				
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) .	Full Name (Last, First, Middle Initial) Ros-Lehtinen For Congress			Transaction ID: 11524514 Date of Disbursement				
	Mailing Address P O Box 52-2784			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	Suite 100 City Miami	State Zip Code FL 33152		Amount of Each Disbursement this Period				
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	Candidate Name Rep. Ileana Ros-Lehtinen		Category/ Type	1				
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American Podiatric Medical Assn., Inc.	Podiatry Political Action Committee	ee
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City Sioux Falls	State Zip Code SD 57101	Amount of Each Disbursement this Period 1000.00
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City Baltimore	State Zip Code MD 21209	Amount of Each Disbursement this Period
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	Candidate Name Rep. Melissa A. Hart			tegory/ Гуре										
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В.	Full Name (Last, First, Middle Initial) Bilirakis For Congress				Transactio Date of Dis		nt	· V	V					
	Mailing Address 610 S Boulevard				Amount of Each Disbursement this Per									
	City Tampa	State Zip Code FL 33606			Amount of I	∃ach Dist								
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Peterson For Congress			Date of Disbursement	Y
Mailing Address 26192 Floyd Lake Point F	Road		099 / 26 / 42005	
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Rep. Collin C. Peterson		Type		
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3. David Wu for Congress			Transaction ID: 11574900 Date of Disbursement	
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Candidate Name David Wu	(Category/ Type		
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American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmittee				
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Steve Rothman For Congress Inc.			Date of Dist		V V	Y
Mailing Address Post Office Box 714			0 9 4	^D 26 / Y	ž 0 0 5	
City Hackensack	State Zip Code NJ 07602		Amount of E	Each Disburser	nent this P	eriod
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Full Name (Last, First, Middle Initial)			Tuomoostio	n ID: 1157489	١٥	
Geoff Davis For Congress			Date of Dist	bursement		
Mailing Address 3161 Dixie Highway Suite F			09 4	^D 26 / Y	ž 0 0 5	Y
City Erlanger	State Zip Code KY 41018		Amount of E	Each Disburser		-
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City Janesville	State Zip Code WI 53547		Amount of E	Each Disburser	nent this P	eriod
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	Candidate Name Rep. Michael R. McNulty						gory/ pe													
	Office Sought: X House Senate President		ement For: Primary Other (spe	2006 General					2006	Prii	mary	' Ele	ection							
_	State: NY District: 21																			
s	UBTOTAL of Disbursements This Page	ge (optional)						<u> </u>						40	0.00	00				
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	STILDOLL B (I LOT OTHI 3X)	Use seperate schedule(s)			INE Nonly						IGL	31 /	00
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21 27	Ĺ	22 28a	Х	23 28b		24 28c		25 29	26 30
	y Information copied from such Reports and State or commercial purposes, other than using the nan													ns
01 1	NAME OF COMMITTEE (In Full)	e and address of any poillica	ii COIII		illee i	O SOIIC	SIL COITE	iibut	10115 1	TOITI	Sucri	COITII	muee	
\rangle	American Podiatric Medical Assn., Inc. P	odiatry Political Action C	omm	nit	tee									
Α.	Full Name (Last, First, Middle Initial) People For Juanita Mcdonald For Congre	ss. The					Trans Date				-	398		
	Mailing Address 555 Capitol Mall Suite 1	<i>,</i>					0 ^M 9	М		26	/ [Y Ž	o ŏ :	5 ^Y
	City Sacramento	State Zip Code CA 95814					Amou	ınt o	f Eac	h Dis	burs	emen	t this	Period
	Purpose of Disbursement 2006 Primary Election			Ò.	11.	1	L.					-	1000.	00
	Candidate Name Rep. Juanita Millender-McDonald				gory/ pe									
	X	ement For: 2006 Primary General Other (specify)					2006	Prii	mary	Ele	ctior	ı		
	Full Name (Last, First, Middle Initial)						Trans	sact	on IE): 11	5749	901		
B.	Schiff For Congress						Date		isburs	seme	-		′ Y	Υ
	Mailing Address 777 S. Figueroa St. Suite 4050						0 9			26	L	2	o ŏ :	5
	City Los Angeles	State Zip Code CA 90017					Amou	ınt o	f Eac	h Dis	burs	-		Period
	Purpose of Disbursement 2006 Primary Election			Ō.	11	7	L.					-	1000.	00
	Candidate Name Rep. Adam B. Schiff				gory/ pe									
	Senate >	ement For: 2006 Primary General Other (specify)	•				2006	Prii	mary	Ele	ctior	1		
	State: CA District: 29 Full Name (Last, First, Middle Initial)						Trans	sact	on IE): 11	5748	384		
C.	Glacier PAC						Date	of D			ent /	Y Y	, · · Y	Y
	Mailing Address 818 Connecticut Ave. N Suite 1100						0 9	_	L	26	L	. 2	o ŏ :	5
	City Washington	State Zip Code DC 20006					Amou	ınt o	f Eac	h Dis	burs	-	-	Period
	Purpose of Disbursement 2005 Laedership PAC Contribution			Ò.	11	1				0		Ę	5000.	00
	Candidate Name				gory/ pe									
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)					2005 ibutio		eders	hip	PAC	Cor	ntr-	
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SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check only	NUMBER:	PAGE 32/35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 2	24 25 26 28c 29 30b
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or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and address of any political co	ommittee to so	icit contributions from su	ch committee
American Podiatric Medical Assn., Inc. Po	odiatry Political Action Com	mittee		
Full Name (Last, First, Middle Initial)			Transaction ID: 115	
Sanders For Senate			Date of Disbursement	
Mailing Address PO Box 391			09 / 26	2005
City	State Zip Code VT 05402		Amount of Each Disbu	ursement this Period
Burlington Purpose of Disbursement	VI 05402			1000.00
2006 Primary Election		011		
Candidate Name Mr. Bernard Sanders		Category/ Type		
	ement For: 2006 Primary General		2006 Primary Elect	ion
President	Other (specify)			
State: VT District: 2 Full Name (Last, First, Middle Initial)				
Butterfield For Congress Committee			Transaction ID: 1157 Date of Disbursement	
Mailing Address 800 W Hines Street			09 / 26	2005
				2000
City Wilson	State Zip Code NC 27893		Amount of Each Disbu	ursement this Period
Purpose of Disbursement				1000.00
2006 Primary Election Candidate Name		011		
Rep. George Butterfield		Category/ Type		
X	ement For: 2006		2006 Primary Elect	ion
Senate X President	Primary General Other (specify) ▼		•	
State: NC District: 1	, (1 3) V			
Full Name (Last, First, Middle Initial) Volunteers For Shimkus			Transaction ID: 1157 Date of Disbursement	
			0 9 2 7	2005
Mailing Address P.O. Box 5458				
City Springfield	State Zip Code IL 62705		Amount of Each Disbu	ursement this Period
Purpose of Disbursement 2006 Primary Election	Г	011		2000.00
Candidate Name		Category/		
Rep. John M. Shimkus Office Sought: X House Disburs	ement For: 2006	Туре		
- -	Primary General		2006 Primary Elect	ion
President State: IL District: 19	Other (specify)			
State. IL DISTITCT. 19				• • • • • • • • • • • • • • • • • • • •
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I \	American Podiatric Medical Assn., In	c. Podiatry Political Action C	omm	nit	tee									
	full Name (Last, First, Middle Initial)						Trans		-			67		
7. K	(ildee For Congress Committee						Date	of D м			nt / Ty	, Y	Y	Υ
N	Mailing Address P.O. Box 317						0 9		Ľ	29	L	2	0 ŏ 5	5
	Dity Flint	State Zip Code MI 48501					Amou	ınt o	f Eac	h Dis	burse	men	t this f	Period
	Purpose of Disbursement			_								_ 1	000.	00
Ċ	006 Primary Election Candidate Name Rep. Dale E. Kildee		Ca		gory/									
Ċ	·	sbursement For: 2006 X Primary General Other (specify)		IУ	pe	2	2006	Prii	mary	Ele	ction			
_	rull Name (Last, First, Middle Initial)						Trans	sact	ion IE	D: 11	5824	65		
В. (Gerald C 'Jerry' Weller For Congress						Date	_			nt	, , ,		V
N	Mailing Address P.O. Box 687						0 ^M 9	М	/ D	29	/ L	ž	0 Ď 5	5 1
	City Morris	State Zip Code IL 60450					Amou	ınt o	f Eac	h Dis	burse	-	t this f	
	Purpose of Disbursement 006 Primary Election			0.	11				-			. 2	2500.	00
C	Candidate Name Mr. Gerald C.Jerry Weller		Ca	ate	gory/ pe									
	Office Sought: X House Senate President State: IL District: 11	sbursement For: 2006 X Primary General Other (specify)				2	2006	Prii	mary	Ele	ction			
F	full Name (Last, First, Middle Initial)						Trans Date		-			60		
Ī	Mailing Address P.O. Box 3311						0 ^M 9	М	/ D	29	/ Y	ž	0 ŏ 5	5 Y
	City Billings	State Zip Code MT 59103					Amou	ınt o	f Eac	h Dis	burse	men	t this f	Period
	Purpose of Disbursement 006 Primary Election			0.	11		L.					, 2	2000.	00
	Candidate Name Senator Conrad Burns				gory/ pe									
	Office Sought: X Senate President State: MT District: 2	sbursement For: 2006 X Primary General Other (specify)			·	2	2006	Prii	mary	Ele	ction			
		ional)					_	_				_	500.0	20

	JEE B (I ECT OIII 3X)	Use seperate schedule(s)))R LINE neck only		:H:			PAG	E 34/	35
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I \	n Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	itte	ее							
A	e (Last, First, Middle Initial)					Trans	sacti	on ID:	: 1158	82461		
A. Friends	of Kent Conrad						of Di	sburse			V	V
Mailing Ad	ddress PO BOX 812					0 9	/	້2	9 /	L.	ž 0 ŏ	5
City		State Zip Code				Amou	ınt of	Each	Disb	ursemo	ent this	Period
Bismarc	K of Disbursement	ND 58502									4000.	00
•	eral Election			01 ⁻	1							
Candidate Kent Co				teg Typ	ory/ e							
Office Sou	X Senate President	rsement For: 2006 Primary X General Other (specify)				2006	Ger	neral	Elect	ion		
State: NE												
_	e (Last, First, Middle Initial) For Congress					Date	of Di	sburse	ement			
Mailing Ad	ddress Post Office Box 2257					0 9	M /	^D 2	9 /	Y	žoŏ	5 ^Y
City Bartow		State Zip Code FL 33831				Amou	unt of	Each	Disbu	urseme	ent this	
•	of Disbursement nary Election			01	1						1000.	00
Candidate			Ca	i .	ory/							
Office Sou	Senate President	rsement For: 2006 X Primary General Other (specify)	•			2006	Prin	nary	Elect	ion		
Full Name	e (Last, First, Middle Initial) or Congress Committee							on ID:		82466	6	
	————					М	M /	/ D	D /		Y Y	_ Y
Mailing Ad	ddress 2227 Hampton Street					0 9		2	9		žoŏ	5
City Pittsburg	gh	State Zip Code PA 15218				Amou	ınt of	Each	Disbu	urseme	ent this	
	of Disbursement nary Election			01	1						1000.	00
Candidate Rep. Mic	Name chael F. Doyle		Ca	-	ory/							
Office Sou	Senate President	rsement For: 2006 X Primary General Other (specify)				2006	Prin	nary	Elect	ion		
		al)			•			•	•		6000.	00
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	y Information copied from such Reports and State													
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$ \rangle$	American Podiatric Medical Assn., Inc. I	Podiatry Political Action C	Comm	ni	ttee									
Δ.	Full Name (Last, First, Middle Initial)								-		58246	8		
۸.	Campaign For Maryland						M	of D	isburs	emer 2 9	nt / Y	Ý o	ŏ 5	Y
	Mailing Address 220 Broadway						0 9		4	29		20	0,5	
	City Centerville	State Zip Code MD 21617					Amou	ınt o	f Each	า Disl	bursem	nent th	his P	eriod
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	2005 Leadership PAC Contribution		_		11.									
	Candidate Name				egory ype	"								
	Office Sought: House Disbur	sement For: Primary General	•				2005	Lea	ıdersl	hip F	PAC C	Contr-	-	
	President	Other (specify)					ibutio	n						
	State: District:													
В.	Full Name (Last, First, Middle Initial) Barbara Lee For Congress								on ID		58247 nt	'4		
								M		2 9	/ Y	3 O	ŏ 5	Υ
	Mailing Address 1736 Franklin Street #5	500					0.9			1 9		20	0,5	
	City Oakland	State Zip Code CA 94612					Amou	ınt o	f Each	า Disl	bursem	nent th	his P	eriod
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	2006 Primary Election Candidate Name		_	_	11 egory									
	Rep. Barbara Lee				ype									
	9 7	sement For: 2006 X Primary General					2006	Prir	nary	Elec	ction			
	President	Other (specify)												
	State: CA District: 9													
C.	Full Name (Last, First, Middle Initial) Norwood For Congress								on ID isburs		58314 nt	3		
	Mailing Address PO Box 499 PO Box 499						0 9	М	/ D3	3 0	/ Y	ž 0	ŏ 5	Y
	City Evans	State Zip Code GA 30809					Amou	ınt o	f Each	า Disl	bursem	nent th	his P	eriod
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	Candidate Name Rep. Charles W. Norwood		Ca	at	11 egory ype	"/								
	7	sement For: 2006	•											
	Senate President	X Primary General Other (specify) ▼												
_	State: GA District: 9													
s	UBTOTAL of Disbursements This Page (optiona	l)				•				_		350	0.0	0
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