

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

X Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2005

through

07

31

2005

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

Type or Print Name of Treasurer

Dr. Gerald Peterson, DPM

Signature of Treasurer

Electronically Filed by Dr. Gerald Peterson, DPM

Date

09

19

2005

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M07 ^D31 ^Y2005

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------|--|
| 6. (a) Cash on Hand January 1 ^Y 2005 | | 284106.18 |
| (b) Cash on Hand at Beginning of Reporting Period | 378712.33 | |
| (c) Total Receipts (from Line 19) | 23838.07 | 291182.58 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 402550.40 | 575288.76 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 18039.75 | 190778.11 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 384510.65 | 384510.65 |
| <hr/> | | |
| 9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M07 ^D01 ^Y2005 To: ^M07 ^D31 ^Y2005

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 13160.07 | 180681.95 |
| (ii) Unitemized | 10678.00 | 109245.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 23838.07 | 289926.95 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 23838.07 | 289926.95 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 755.63 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)) | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 23838.07 | 291182.58 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 23838.07 | 291182.58 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 234.91 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 234.91 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 18039.75 | 190265.34 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 250.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 250.00 |
| 29. Other Disbursements..... | 0.00 | 27.86 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | 0.00 | 0.00 |
| (c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 18039.75 | 190778.11 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31)..... | 18039.75 | 190778.11 |

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) | 23838.07 | 289926.95 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 250.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23838.07 | 289676.95 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 234.91 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 234.91 |

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

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Marc S. Bruel | | Date of Receipt M / D / Y 07 / 05 / 2005 |
| Mailing Address 1145 Ryder Rd. | | Transaction ID: 11333783 |
| City Chesterton | State IN | Zip Code 46304-3453 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

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

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | 760.07 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 7 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | | | | |
|---|--|--------------------------|--|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Dr. Thomas K. Ernst</p> <p>Mailing Address 5303 Shorewood Dr.</p> <p>City State Zip Code Fort Gratiot MI 48059-3137</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self-Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 250.00</td> </tr> </table> | Name of Employer Self-Employed | Occupation Podiatrist | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | <p>Date of Receipt M / D / Y Y Y Y 07 / 08 / 2005</p> <p>Transaction ID: 11333795</p> <p>Amount of Each Receipt this Period 250.00</p> |
| Name of Employer Self-Employed | Occupation Podiatrist | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | | | |

| | | | | | |
|--|--|--------------------------|--|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Dr. Eugene R. Fleuman</p> <p>Mailing Address 2000 S. Ocean Blvd. #306N</p> <p>City State Zip Code Palm Beach FL 33480-5212</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self-Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 400.00</td> </tr> </table> | Name of Employer Self-Employed | Occupation Podiatrist | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | <p>Date of Receipt M / D / Y Y Y Y 07 / 08 / 2005</p> <p>Transaction ID: 11333796</p> <p>Amount of Each Receipt this Period 200.00</p> |
| Name of Employer Self-Employed | Occupation Podiatrist | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | | | |

| | | | | | |
|---|--|--------------------------|--|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Dr. Eric W. Nelson</p> <p>Mailing Address 17466 Almond Rd.</p> <p>City State Zip Code Castro Valley CA 94548-1262</p> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self-Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 250.00</td> </tr> </table> | Name of Employer Self-Employed | Occupation Podiatrist | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | <p>Date of Receipt M / D / Y Y Y Y 07 / 11 / 2005</p> <p>Transaction ID: 11355380</p> <p>Amount of Each Receipt this Period 250.00</p> |
| Name of Employer Self-Employed | Occupation Podiatrist | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | | | |

| | |
|---|----------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>700.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

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

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

FOR LINE NUMBER: PAGE 8 / 28

(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Geoffrey C. Bricker | | Date of Receipt M / D / Y 07 / 11 / 2005 |
| Mailing Address 2122 E. Lon St. | | Transaction ID: 11355391 |
| City Springfield | State MO | Zip Code 65803-4809 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Gregory B. Nellis | | Date of Receipt M / D / Y 07 / 11 / 2005 |
| Mailing Address 218 E. Fulton St. | | Transaction ID: 11353253 |
| City Gloversville | State NY | Zip Code 12078-3423 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 350.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 28
(check only one)

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

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

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Nathan Craig Dikes | | Date of Receipt M / D / Y 07 / 11 / 2005 |
| Mailing Address 11124 E. 3Dth | | Transaction ID: 11355395 |
| City Spokane Valley | State WA | Zip Code 99206-5890 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 600.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Alan H. Smith | | Date of Receipt M / D / Y 07 / 12 / 2005 |
| Mailing Address 65 Middle Canyon Rd. | | Transaction ID: 11333788 |
| City Camel Valley | State CA | Zip Code 95524-9461 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 300.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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FOR LINE NUMBER: PAGE 10 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Marc G. Mittelman | | Date of Receipt M / D / Y 07 / 12 / 2005 |
| Mailing Address 35 Country Meadow Rd. | | Transaction ID: 11333821 |
| City | State | Zip Code |
| Rolling Hills Esta | CA | 90274-5773 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Douglas Guthrie | | Date of Receipt M / D / Y 07 / 12 / 2005 |
| Mailing Address 408 E. Tyler St. | | Transaction ID: 11333810 |
| City | State | Zip Code |
| Mexia | TX | 76667-3620 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Karan L. Whibel | | Date of Receipt M / D / Y 07 / 12 / 2005 |
| Mailing Address 67 Alberto Ct. | | Transaction ID: 11333822 |
| City | State | Zip Code |
| Rancho Palos Verde | CA | 90275-5383 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

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

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

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Gene J. Pusateri | | Date of Receipt M / D / Y 07 / 12 / 2005 |
| Mailing Address 33 Redfern Dr. | | Transaction ID: 11333818 |
| City Youngstown | State OH | Zip Code 44505-1651 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

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

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

| | | |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Derick A. Ball | | Date of Receipt M / D / Y 07 / 12 / 2005 |
| Mailing Address 87 Albert Ct | | Transaction ID: 11333823 |
| City Rancho Palos Verde | State CA | Zip Code 90275-5383 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|-----------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Glenn A. Oeter | | Date of Receipt M / D / Y 07 / 12 / 2005 |
| Mailing Address 1729 Eastgate Ave. | | Transaction ID: 11333807 |
| City Upland | State CA | Zip Code 91784-9211 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|-----------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Laura A. Lloyd | | Date of Receipt M / D / Y 07 / 12 / 2005 |
| Mailing Address Pamlico Podiatry Associates, P.A. 403 W. 15th St. | | Transaction ID: 11333820 |
| City Washington | State NC | Zip Code 27889-5524 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

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

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

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

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Richard A. Robbins | | Date of Receipt M / D / Y 07 / 13 / 2005 |
| Mailing Address 5248 Signal Hill Dr. | | Transaction ID: 11358563 |
| City Burke | State VA | Zip Code 22015-2163 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 300.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 800.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

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

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Brian W. Cornel | | Date of Receipt M / D / Y 07 / 14 / 2005 |
| Mailing Address 3 Algonquin Dr. | | Transaction ID: 11342925 |
| City Middletown | State RI | Zip Code 02842-4573 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period -300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 200.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Brian W. Cornel | | Date of Receipt M / D / Y 07 / 14 / 2005 |
| Mailing Address 3 Algonquin Dr. | | Transaction ID: 11342927 |
| City Middletown | State RI | Zip Code 02842-4573 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. David B. Tucker | | Date of Receipt M / D / Y 07 / 14 / 2005 |
| Mailing Address 1331 Tellowee Rd. | | Transaction ID: 11342879 |
| City Eden | State NC | Zip Code 27288-9505 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period -300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

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

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

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

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Charles H. Wunderlich | | Date of Receipt M / D / Y 07 / 18 / 2005 |
| Mailing Address 1 Meramec Bluffs Dr. #63B | | Transaction ID: 11353233 |
| City Ballwin | State MO | Zip Code 63021-3311 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 300.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Allen M. Jacobs | | Date of Receipt M / D / Y 07 / 18 / 2005 |
| Mailing Address 100 N. Euclid #4 | | Transaction ID: 11353226 |
| City Saint Louis | State MO | Zip Code 63108-1529 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 300.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

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

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

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

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. G. Marc Conner | | Date of Receipt M / D / Y 07 / 18 / 2005 |
| Mailing Address 3220 Birmamwood Dr. | | Transaction ID: 11353229 |
| City Colorado Springs | State CO | Zip Code 80920-7371 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Hui Trung Pham | | Date of Receipt M / D / Y 07 / 18 / 2005 |
| Mailing Address 135 Dale St. | | Transaction ID: 11374B11 |
| City Waltham | State MA | Zip Code 02451-3705 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

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

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

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Melvin Mah | | Date of Receipt M / D / Y 07 / 10 / 2005 |
| Mailing Address 243-12th Ave. | | Transaction ID: 11359581 |
| City San Francisco | State CA | Zip Code 94118 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Craig S. Garfalo | | Date of Receipt M / D / Y 07 / 10 / 2005 |
| Mailing Address B1 Marilyn | | Transaction ID: 11374893 |
| City Stockton | State CA | Zip Code 95207-2836 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Harold J. Sauder | | Date of Receipt M / D / Y 07 / 20 / 2005 |
| Mailing Address 805 E. College Ave. R.Rt. #1 | | Transaction ID: 11374829 |
| City Independence | State KS | Zip Code 67301-7143 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Kash K. Siefert | | Date of Receipt M / D / Y 07 / 20 / 2005 |
| Mailing Address 2300 Stewart Pkwy. | | Transaction ID: 11374825 |
| City Roseburg | State OR | Zip Code 97470-1597 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 225.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

FOR LINE NUMBER: PAGE 21 / 28

(check only one)

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

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

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Mark L. Appleton | | Date of Receipt M / D / Y 07 / 21 / 2005 |
| Mailing Address 5422 Beech Ridge Dr. | | Transaction ID: 11376306 |
| City Fairfax | State VA | Zip Code 22030-4618 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Gregory Kirk Erich | | Date of Receipt M / D / Y 07 / 21 / 2005 |
| Mailing Address 2111 Calavera Cir. | | Transaction ID: 11376302 |
| City Tustin | State CA | Zip Code 92782-8604 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Mark Edward Yusta | | Date of Receipt M / D / Y 07 / 22 / 2005 |
| Mailing Address 1232 Edgewood Dr. | | Transaction ID: 11376297 |
| City Thief River Falls | State MN | Zip Code 56701-5327 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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| SUBTOTAL of Receipts This Page (optional) | 400.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 22 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Karen C. Yamaguchi | | Date of Receipt M / D / Y Y Y Y 07 / 22 / 2005 |
| Mailing Address 101D King Ln. | | Transaction ID: 11374914 |
| City Laredo | State TX | Zip Code 78045-8111 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Kirk Geber | | Date of Receipt M / D / Y Y Y Y 07 / 23 / 2005 |
| Mailing Address 2041 Georgia Ave. N.W. 400D | | Transaction ID: 11375686 |
| City Washington | State DC | Zip Code 20060-0001 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. William J. O'Neill | | Date of Receipt M / D / Y Y Y Y 07 / 25 / 2005 |
| Mailing Address 353D Stancliff Rd. | | Transaction ID: 11380203 |
| City Clemmons | State NC | Zip Code 27012-9085 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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

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

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

FOR LINE NUMBER: PAGE 23 / 28

(check only one)

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

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

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Gerald D. Peterson | | Date of Receipt M / D / Y 07 / 26 / 2005 |
| Mailing Address 8627 Apollo Rd. | | Transaction ID: 11376779 |
| City West Linn | State OR | Zip Code 97068-2807 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period -300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Correction for KC Registration |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

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

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Kathryn Riffe | | Date of Receipt M / D / Y Y Y Y 07 / 26 / 2005 |
| Mailing Address 5000 Honeysuckle Dr. | | Transaction ID: 11376313 |
| City | State | Zip Code |
| Milan | TN | 38358-6440 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 300.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Mark O. Ellis | | Date of Receipt M / D / Y Y Y Y 07 / 28 / 2005 |
| Mailing Address 1166 11th St | | Transaction ID: 11409890 |
| City | State | Zip Code |
| Astoria | OR | 97103-4138 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|---|----------|
| SUBTOTAL of Receipts TN's Page (optional) | ▶ | 550.00 |
| TOTAL This Period (last page this line number only) | ▶ | 13160.07 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 28

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

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

Full Name (Last, First, Middle Initial)
A. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Nancy L. Johnson

Office Sought: House Senate President
State: CT District 5

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

Transaction ID: 11333293
Date of Disbursement
07 / 11 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

Full Name (Last, First, Middle Initial)
B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 00048

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Henry A. Waxman

Office Sought: House Senate President
State: CA District 30

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

Transaction ID: 11333290
Date of Disbursement
07 / 11 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

Full Name (Last, First, Middle Initial)
C. People For Patty Murray U S Senate Campaign

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
2010 Primary Election

Candidate Name
Sen. Patty Murray

Office Sought: House Senate President
State: WA District 1

Disbursement For: 2010
Primary General
Other (specify) ▼

Transaction ID: 11333295
Date of Disbursement
07 / 11 / 2005

Amount of Each Disbursement this Period
2000.00

011
Category/
Type
2010 Primary Election

SUBTOTAL of Disbursements This Page (optional) ► **4000.00**

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 26 / 28

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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

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

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
 2010 Primary Election

Candidate Name
 Sen. Charles E. Grassley

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

Transaction ID: 11332504
 Date of Disbursement
 07 / 11 / 2005

Amount of Each Disbursement this Period
 5000.00

011
 Category/
 Type
 2010 Primary Election

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

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

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

Candidate Name
 Sen. Charles E. Grassley

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

Transaction ID: 11332507
 Date of Disbursement
 07 / 11 / 2005

Amount of Each Disbursement this Period
 1039.75

011
 Category/
 Type
 (In-Kind) 2010 Gen. Inkind
 Contribution for Nassif
 Fundraiser

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

Mailing Address 10 G Street, NE
 Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
 2005 Contribution

Candidate Name

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

Transaction ID: 11333294
 Date of Disbursement
 07 / 11 / 2005

Amount of Each Disbursement this Period
 2500.00

011
 Category/
 Type
 2005 Contribution

SUBTOTAL of Disbursements This Page (optional) 8539.75

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 28

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

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

| | | | |
|---|--|--|-----------------------|
| Full Name (Last, First, Middle Initial) A. Hoosiers Supporting Buyer For Congress | | Transaction ID: 11382357 Date of Disbursement 07 / 28 / 2005 | |
| Mailing Address 200 North Main St. P.O. Box 712 200 North Main St. P.O. Box 712 | | Amount of Each Disbursement this Period 1000.00 | |
| City Monticello State IN Zip Code 47960 | Purpose of Disbursement 2006 Primary Election | 011 Category/ Type | 2006 Primary Election |
| Candidate Name Rep. Steve Buyer | Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 4 | | | |

| | | | |
|--|--|--|-----------------------|
| Full Name (Last, First, Middle Initial) B. Gene Green Congressional Campaign | | Transaction ID: 11382362 Date of Disbursement 07 / 28 / 2005 | |
| Mailing Address PO Box 16128 | | Amount of Each Disbursement this Period 1000.00 | |
| City Houston State TX Zip Code 77222 | Purpose of Disbursement 2006 Primary Election | 011 Category/ Type | 2006 Primary Election |
| Candidate Name Rep. Gene Green | Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29 | | | |

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 28

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Hall of Fame PAC

Mailing Address 1717 Dixie Highway
Suite 18D

City Ft. Wright State KY Zip Code 41011

Purpose of Disbursement
2005 Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 11382364
Date of Disbursement
07 / 28 / 2005

Amount of Each Disbursement this Period
2500.00

011
Category/
Type
2005 Contribution

| | | |
|---|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 18039.75 |