

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

X 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

11

01

2005

through

11

30

2005

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

Type or Print Name of Treasurer

Dr. Gerald Peterson, DPM

Signature of Treasurer

Electronically Filed by Dr. Gerald Peterson, DPM

Date

12

20

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: <sup>M</sup>11 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>11 <sup>D</sup>30 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		284106.18
(b) Cash on Hand at Beginning of Reporting Period .....	319946.94	
(c) Total Receipts (from Line 19) .....	21265.42	388989.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	341212.36	673095.19
<hr/>		
7. Total Disbursements (from Line 31) .....	56208.73	388091.56
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	285003.63	285003.63
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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: <sup>M</sup>11 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>11 <sup>-</sup>30 <sup>-</sup>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) .....	10650.00	221045.88
(ii) Unitemized .....	10203.00	165612.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	21053.00	386657.88
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	21053.00	386657.88
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	212.42	1831.13
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)) .....	21265.42	388989.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21265.42	388989.01

**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.....	208.73	440.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	208.73	440.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	56000.00	387372.88
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))..	56208.73	388091.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	56208.73	388091.56

**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) .....	21053.00	386657.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21053.00	386407.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	208.73	440.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	208.73	440.82

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

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

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ronald J. Solito</b>		Date of Receipt M / D / Y 11 / 01 / 2005	
Mailing Address 2405 Prospect Ave.		Transaction ID: 11711595	
City Spring Lake	State NJ	Zip Code 07762-1737	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen I. Greenfogel</b>		Date of Receipt M / D / Y 11 / 01 / 2005	
Mailing Address 9 Floral Dr.		Transaction ID: 11711598	
City Randolph	State NJ	Zip Code 07069-2958	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Kendall P. Tebor</b>		Date of Receipt M / D / Y 11 / 01 / 2005	
Mailing Address 1414 W. Fair Ave. #50		Transaction ID: 11711594	
City Marquette	State MI	Zip Code 49855-2675	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
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) ..... ▶ **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  
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FOR LINE NUMBER:        PAGE 7/32  
(check only one)  
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. Harold D. Sterling, Jr.</b>		Date of Receipt M / D / Y 11 / 01 / 2005
Mailing Address 5408 River Bend Cir.		Transaction ID: 11711578
City Grand Ledge	State MI	Zip Code 48837-8837
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Rock G. Positano</b>		Date of Receipt M / D / Y 11 / 02 / 2005
Mailing Address 535 E. 70th St.		Transaction ID: 11729468
City New York	State NY	Zip Code 10021-4838
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
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>C. Dr. Dale Mark Rosenblum</b>		Date of Receipt M / D / Y 11 / 03 / 2005
Mailing Address 130B1 Lariat Ln.		Transaction ID: 11712058
City Santa Ana	State CA	Zip Code 92705-2244
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>1550.00</b>
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 8/32  
(check only one)  
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. Kenneth K. S. Mah</b>		Date of Receipt M / D / Y 11 / 04 / 2005
Mailing Address 14485 S.W. Allen Blvd. #101		Transaction ID: 11712232
City Beaverton	State OR	Zip Code 97005-4402
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Edward D. Williams</b>		Date of Receipt M / D / Y 11 / 04 / 2005
Mailing Address 1 Calle Medica		Transaction ID: 11715299
City Santa Fe	State NM	Zip Code 87505-4764
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ <b>349.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Joel T. Charlton</b>		Date of Receipt M / D / Y 11 / 04 / 2005
Mailing Address 939 N. Main St.		Transaction ID: 11712233
City Randolph	State MA	Zip Code 02368-5072
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ <b>300.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 9 / 32

(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. Kenneth E. Jacoby		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 4N 916 Middlecreek Ln.		Transaction ID: 11715319
City Saint Charles	State IL	Zip Code 60175
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
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. Steven M. Krych		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 1106 Mayan Way		Transaction ID: 11715323
City Austin	State TX	Zip Code 78733-2624
FEC ID number of contributing federal political committee. <b>C</b>		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. Allen M. Jacobs		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 100 N. Euclid #4		Transaction ID: 11715315
City Saint Louis	State MO	Zip Code 63108-1529
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	350.00
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32  
(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) <b>A. Dr. Jimmy L. Gregory</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 431B Covington Hwy. #115		Transaction ID: 11715324
City Decatur	State GA	Zip Code 30035-1206
FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Harold W. Vogler</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 795D Royal Birkdale Cir.		Transaction ID: 11715312
City Bradenton	State FL	Zip Code 34202-2531
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jon Robert Tessen</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 4807 Cypress Dr.		Transaction ID: 11715307
City Anacortes	State WA	Zip Code 98221-1114
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 32  
(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) <b>A. Dr. Jason Charles Hamill</b>		Date of Receipt M / D / Y 11 / 08 / 2005
Mailing Address 128D W. Geronimo Pl.		Transaction ID: 11715311
City	State	Zip Code
Chandler	AZ	85224-7254
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
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>B. Dr. Robert C. Stevens</b>		Date of Receipt M / D / Y 11 / 10 / 2005
Mailing Address 178D Brush College Rd. N.W.		Transaction ID: 11729412
City	State	Zip Code
Salem	OR	97304-1410
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Stephen H. Sivani</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 3559 Old Mountain View Dr.		Transaction ID: 11737858
City	State	Zip Code
Lafayette	CA	94549-4518
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼		

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

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

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

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. Glenn J. Shintaku</b>		Date of Receipt M / D / Y 11 / 14 / 2005
Mailing Address 5441 Cathy Cir.		Transaction ID: 11737657
City	State	Zip Code
Cypress	CA	90630-4518
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles R. Hourshel</b>		Date of Receipt M / D / Y 11 / 15 / 2005
Mailing Address 1217 Woodland Ave.		Transaction ID: 11737649
City	State	Zip Code
Fairmont	MN	56031-2018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ <b>300.00</b>
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert M. Caldwell</b>		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 3703 Cottage Grove Ave. S.E.		Transaction ID: 11737698
City	State	Zip Code
Cedar Rapids	IA	52403-1551
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 32  
(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) <b>A. Dr. Judith E. Rubin</b>		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 11828 Pebbleton		Transaction ID: 11737698
City	State	Zip Code
Houston	TX	77070-2356
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Lawrence E. Lloyd</b>		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 10537 Balroyal Ct		Transaction ID: 11737697
City	State	Zip Code
Fishers	IN	46037-8846
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael H. Herbst</b>		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 972 Farm Haven Dr.		Transaction ID: 11737705
City	State	Zip Code
Rockville	MD	20852-4213
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼		

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

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

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

FOR LINE NUMBER: PAGE 14 / 32  
(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) <b>A. Dr. John K. Beightle</b>		Date of Receipt M / D / Y 11 / 16 / 2005
Mailing Address 1801 Selway Dr.		Transaction ID: 11737702
City Missoula	State MT	Zip Code 59808-9314
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. James Rolf Nabick</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 1332 Waberford Rd.		Transaction ID: 11740892
City Woodbury	State MN	Zip Code 55125-2365
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Scott Frederick Jorgensen</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 6917 Dawson Ln.		Transaction ID: 11740893
City Edina	State MN	Zip Code 55435-1801
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>750.00</b>
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 / 32  
(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) <b>A. Dr. N. Arvid Vasenden</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 195 Rocky Branch Rd.		Transaction ID: 11742876
City Athens	State GA	Zip Code 30605-4510
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Stephen H. Powless</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address Park Nicollet Clinic 3800 Park Nicollet Blvd.		Transaction ID: 11740887
City Saint Louis Park	State MN	Zip Code 55416-2620
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>C. Dr. John M. Donohue</b>		Date of Receipt M / D / Y 11 / 17 / 2005
Mailing Address 450B Oxford Ave.		Transaction ID: 11740883
City Edina	State MN	Zip Code 55438-1408
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	<b>600.00</b>
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 / 32

(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. Anthony M. Overton, Jr.		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 21032 Apollo Cir.		Transaction ID: 11750468
City Olympia Fields	State IL	Zip Code 60461-1831
FEC ID number of contributing federal political committee. <b>C</b>		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) B. Dr. Bruce Krall		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address Arizona Orthopedic Surgical Hospit 2805 W. Warner Rd. #28		Transaction ID: 11750466
City Chandler	State AZ	Zip Code 85224-1674
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
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. William D. Flehee		Date of Receipt M / D / Y 11 / 18 / 2005
Mailing Address 1230 W. Sousa Ct.		Transaction ID: 11750467
City Anthem	State AZ	Zip Code 85088-2518
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
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) .....	▶	525.00
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 / 32  
(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) <b>A. Dr. Subodh K. Choudhary</b>		Date of Receipt M / D / Y 11 / 22 / 2005
Mailing Address 310 Raven Rd.		Transaction ID: 11750469
City Greenville	State SC	Zip Code 29615-4248
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Rick Siegel</b>		Date of Receipt M / D / Y 11 / 25 / 2005
Mailing Address 2759 Elizabeth Lake Rd. #101		Transaction ID: 11757773
City Waterford	State MI	Zip Code 48328-3214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. S. Ronald Miller</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 14 Courtleigh Pl.		Transaction ID: 11758550
City Reading	State PA	Zip Code 19608-2541
FEC ID number of contributing federal political committee. <b>C</b>		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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 32

(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Robert G. Levine</p> <p>Mailing Address 8907 Ayrshire Ave.</p> <p>City State Zip Code Louisville KY 40222-5802</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Podiatrist</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M / D / Y Y Y Y 11 / 28 / 2005</p> <p>Transaction ID: 11757807</p> <p>Amount of Each Receipt this Period 250.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Rebecca Smiley-Leis</p> <p>Mailing Address 147 Stone Path Ln.</p> <p>City State Zip Code Eagle ID 83616-7139</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Podiatrist</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M / D / Y Y Y Y 11 / 28 / 2005</p> <p>Transaction ID: 11758548</p> <p>Amount of Each Receipt this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Martin M. Pressman</p> <p>Mailing Address 109 N. Racebrook Rd.</p> <p>City State Zip Code Woodbridge CT 06525-1407</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Podiatrist</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M / D / Y Y Y Y 11 / 28 / 2005</p> <p>Transaction ID: 11757814</p> <p>Amount of Each Receipt this Period 125.00</p>

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 32  
(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) <b>A. Dr. Stanley Leis</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 372 E. Woodlander Ct.		Transaction ID: 11758549
City Eagle	State ID	Zip Code 83616-6323
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Gregory A. Worley</b>		Date of Receipt M / D / Y 11 / 28 / 2005
Mailing Address 694 Chambers Rd.		Transaction ID: 11757808
City Walton	State KY	Zip Code 41064-9505
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	550.00
TOTAL This Period (last page this line number only) .....	▶	10850.00

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

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

FOR LINE NUMBER: PAGE 20 / 32

(check only one)

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

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NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee	
Full Name (Last, First, Middle Initial) A. Investment Account, Interest/Dividends Mailing Address 100 Light St., 19th Floor P.O. Box 1476 City Baltimore State MD Zip Code 21202-1036 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M / D / Y 11 / 30 / 2005 Transaction ID: 11808032 Amount of Each Receipt this Period 212.42
Name of Employer Legg Mason Wood Walker, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼ 1831.13

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>212.42</b>
TOTAL This Period (last page this line number only) .....	▶	<b>212.42</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Investment Account, Interest/Dividends

Mailing Address 100 Light St., 19th Floor  
P.O. Box 1476

City Baltimore State MD Zip Code 21202-1036

Purpose of Disbursement  
Interest Expense

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

001  
Category/  
Type

Transaction ID: 11808039

Date of Disbursement

11 / 30 / 2005

Amount of Each Disbursement this Period

208.73

Interest Expense

SUBTOTAL of Disbursements This Page (optional) ▶

208.73

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

208.73

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 32

<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) <b>A. John D. Dingell For Congress Committee</b>		Transaction ID: 11708513 Date of Disbursement 11 / 02 / 2005	
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 2006 General Election	011 Category/ Type	
Candidate Name Rep. John D. Dingell	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District 15	2006 General Election		

Full Name (Last, First, Middle Initial) <b>B. Blumenauer For Congress</b>		Transaction ID: 11708515 Date of Disbursement 11 / 02 / 2005	
Mailing Address 821 Sw Washington Suite 810		Amount of Each Disbursement this Period 1000.00	
City Portland State OR Zip Code 97205	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	
Candidate Name Rep. Earl Blumenauer	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: OR District 3	2006 Primary Election		

Full Name (Last, First, Middle Initial) <b>C. Allyson Schwartz For Congress</b>		Transaction ID: 11708861 Date of Disbursement 11 / 02 / 2005	
Mailing Address P.O. Box 45706		Amount of Each Disbursement this Period 1000.00	
City Philadelphia State PA Zip Code 19149	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	
Candidate Name Rep. Allyson Schwartz	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District 13	2006 Primary Election		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Diane E Watson For Congress</b>		Transaction ID: 11708509 Date of Disbursement 11 / 03 / 2005	
Mailing Address 601 S Glenoaks Bl #211		Amount of Each Disbursement this Period 2500.00	
City Burbank State CA Zip Code 91502	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Diane E. Watson	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: CA District: 33			

Full Name (Last, First, Middle Initial) <b>B. Committee To Elect Gary Ackerman</b>		Transaction ID: 11713087 Date of Disbursement 11 / 07 / 2005	
Mailing Address 100 Jericho Quadrangle Suite 233		Amount of Each Disbursement this Period 1000.00	
City Jericho State NY Zip Code 11753	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Gary L. Ackerman	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 5			

Full Name (Last, First, Middle Initial) <b>C. Hoosiers Supporting Buyer For Congress</b>		Transaction ID: 11713099 Date of Disbursement 11 / 07 / 2005	
Mailing Address 200 North Main St P.O. Box 712		Amount of Each Disbursement this Period 1000.00	
City Manticella 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			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 32

<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) <b>A. Rogers For Congress</b>		Transaction ID: 11713101 Date of Disbursement 11 / 07 / 2005	
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00	
City Brighton State MI Zip Code 48116	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Michael J. Rogers	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: MI District B			

Full Name (Last, First, Middle Initial) <b>B. Friends of Max Baucus</b>		Transaction ID: 11713103 Date of Disbursement 11 / 07 / 2005	
Mailing Address Box 586		Amount of Each Disbursement this Period 1500.00	
City Helena State MT Zip Code 59624	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Senator Max Baucus	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District 1			

Full Name (Last, First, Middle Initial) <b>C. Stephanie Tubbs Jones For Us Congress</b>		Transaction ID: 11713098 Date of Disbursement 11 / 07 / 2005	
Mailing Address 3729 Silsby Rd		Amount of Each Disbursement this Period 1000.00	
City University Heights State OH Zip Code 44118	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Stephanie Tubbs Jones	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 11			

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 32

<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) <b>A. Anna Eshoo For Congress</b>		Transaction ID: 11713008 Date of Disbursement 11 / 07 / 2005	
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00	
City Sacramento State CA Zip Code 95814	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Anna G. Eshoo	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: CA District 14			

Full Name (Last, First, Middle Initial) <b>B. Sue Myrick For Congress</b>		Transaction ID: 11713100 Date of Disbursement 11 / 07 / 2005	
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1000.00	
City Charlotte State NC Zip Code 28237	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Sue Wilkins Myrick	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District 9			

Full Name (Last, First, Middle Initial) <b>C. Doyle For Congress Committee</b>		Transaction ID: 11713102 Date of Disbursement 11 / 07 / 2005	
Mailing Address 2227 Hampton Street		Amount of Each Disbursement this Period 1000.00	
City Pittsburgh State PA Zip Code 15218	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Michael F. Doyle	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District 14			

**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 26 / 32

<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) <b>A. Friends Of Congressman Tim Holden</b>		Transaction ID: 11726725 Date of Disbursement 11 / 14 / 2005	
Mailing Address 18 N. Second Street PO Box 37		Amount of Each Disbursement this Period 1000.00	
City Saint Clair State PA Zip Code 17970	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Tim Holden	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District 17			

Full Name (Last, First, Middle Initial) <b>B. Pickering For Congress</b>		Transaction ID: 11726728 Date of Disbursement 11 / 14 / 2005	
Mailing Address Po Box 6440		Amount of Each Disbursement this Period 1000.00	
City Laurel State MS Zip Code 39441	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Charles W. Pickering, Jr.	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District 3			

Full Name (Last, First, Middle Initial) <b>C. Friends of Max Baucus</b>		Transaction ID: 11726483 Date of Disbursement 11 / 14 / 2005	
Mailing Address Box 586		Amount of Each Disbursement this Period 1500.00	
City Helena State MT Zip Code 59624	Purpose of Disbursement 2006 General Election	011 Category/ Type	2006 General Election
Candidate Name Senator Max Baucus	Disbursement For: 2005 Primary X General Other (specify) ▼		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District 1			

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 32

<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) <b>A. Keller For Congress</b>		Transaction ID: 11726730 Date of Disbursement 11 / 14 / 2005	
Mailing Address P.O. Box 1453		Amount of Each Disbursement this Period 1000.00	
City Orlando State FL Zip Code 32802	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Richard A. Keller	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: FL      District: B			

Full Name (Last, First, Middle Initial) <b>B. Candice Miller For Congress</b>		Transaction ID: 11726729 Date of Disbursement 11 / 14 / 2005	
Mailing Address P.O. Box 182152		Amount of Each Disbursement this Period 1000.00	
City Shelby Township State MI Zip Code 48318	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Candice S. Miller	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: MI      District: 10			

Full Name (Last, First, Middle Initial) <b>C. Bilirakis For Congress</b>		Transaction ID: 11726726 Date of Disbursement 11 / 14 / 2005	
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 1000.00	
City Tampa State FL Zip Code 33606	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Gus Bilirakis	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: FL      District: 9			

**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 / 32

<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. Friends Of Jim Marshall**

Mailing Address PO Box 125

City Macon State GA Zip Code 31201

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. Jim Marshall

Office Sought:  House  Senate  President  
State: GA District 3

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

Transaction ID: 11726727  
Date of Disbursement  
11 / 14 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type  
2006 Primary Election

Full Name (Last, First, Middle Initial)  
**B. Rangel for Congress**

Mailing Address 850 7th Avenue, #701

City New York State NY Zip Code 10010

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Mr. Charles B. Rangel

Office Sought:  House  Senate  President  
State: NY District 15

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

Transaction ID: 11729252  
Date of Disbursement  
11 / 15 / 2005

Amount of Each Disbursement this Period  
2500.00

011  
Category/  
Type  
2006 Primary Election

Full Name (Last, First, Middle Initial)  
**C. Larson For Congress**

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. John B. Larson

Office Sought:  House  Senate  President  
State: CT District 1

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

Transaction ID: 11729255  
Date of Disbursement  
11 / 15 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type  
2006 Primary Election

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 32

<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) <b>A. Friends of Jim McDermott</b>		Transaction ID: 11729258 Date of Disbursement 11 / 15 / 2005	
Mailing Address 710 9th St. SE		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Dr. Jim McDermott	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: WA District 7			

Full Name (Last, First, Middle Initial) <b>B. Friends Of Mike Ferguson</b>		Transaction ID: 11743120 Date of Disbursement 11 / 22 / 2005	
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 5000.00	
City Colonia State NJ Zip Code 07067	Purpose of Disbursement 2006 General Election	011 Category/ Type	2006 General Election
Candidate Name Rep. Mike Ferguson	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District 7			

Full Name (Last, First, Middle Initial) <b>C. Democratic Senatorial Campaign Committee</b>		Transaction ID: 11758492 Date of Disbursement 11 / 29 / 2005	
Mailing Address 120 Maryland Avenue, NE		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 2006 Committee Dues	011 Category/ Type	2006 Committee Dues
Candidate Name	Disbursement For: Primary General Other (specify) ▼		
Office Sought: House Senate President State: District			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **11000.00**

**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 30 / 32

<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. Becerra for Congress**

Mailing Address P.O. Box 261080

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Mr. Xavier Becerra

Office Sought:  House  
Senate  
President

State: CA District: 30

Disbursement For: 2006  
Primary General

Other (specify) ▼  
2006 Primary Electio

011  
Category/  
Type

Transaction ID: 11758483

Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

**B. Tammy Baldwin For Congress**

Mailing Address P O Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. Tammy Baldwin

Office Sought:  House  
Senate  
President

State: WI District: 2

Disbursement For: 2006  
Primary General

Other (specify) ▼  
2006 Primary Electio

011  
Category/  
Type

Transaction ID: 11758379

Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 2nd Floor  
430 S. Capitol Street

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2006 Committee Dues

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General

Other (specify) ▼

011  
Category/  
Type

Transaction ID: 11758491

Date of Disbursement

11 / 29 / 2005

Amount of Each Disbursement this Period

5000.00

2006 Committee Dues

**SUBTOTAL** of Disbursements This Page (optional) ▶

**7000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 32

<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. National Republican Congressional Committee**

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2006 Committee Dues

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: 11758487  
Date of Disbursement  
11 / 29 / 2005

Amount of Each Disbursement this Period  
5000.00

011  
Category/  
Type

2006 Committee Dues

Full Name (Last, First, Middle Initial)  
**B. Volunteers For Shimkus**

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
2006 General Election

Candidate Name  
Rep. John M. Shimkus

Office Sought:  House Senate President  
State: IL District 18

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

Transaction ID: 11758486  
Date of Disbursement  
11 / 29 / 2005

Amount of Each Disbursement this Period  
1500.00

011  
Category/  
Type

2006 General Election

Full Name (Last, First, Middle Initial)  
**C. National Republican Senatorial Committee**

Mailing Address Ronald Reagan Republican Center  
425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2006 Committee Dues

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

Transaction ID: 11758490  
Date of Disbursement  
11 / 29 / 2005

Amount of Each Disbursement this Period  
5000.00

011  
Category/  
Type

2006 Committee Dues

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **11500.00**

**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 32 / 32

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Mike Ferguson</b>			Transaction ID: 11758002 Date of Disbursement 11 / 29 / 2005		
Mailing Address C/O Ron Gravino P.O. Box 225			Amount of Each Disbursement this Period -2000.00		
City Colonia	State NJ	Zip Code 07087	011 Category/ Type		
Purpose of Disbursement Returned Check					
Candidate Name Rep. Mike Ferguson			Returned Check		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: NJ      District: 7					

Full Name (Last, First, Middle Initial) <b>B. A Whole Lot Of People For Grijalva Congressnl Cmte</b>			Transaction ID: 11758454 Date of Disbursement 11 / 29 / 2005		
Mailing Address P.O. Box 1242			Amount of Each Disbursement this Period 1000.00		
City Tucson	State AZ	Zip Code 85702	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Rep. Raul M. Grijalva			2006 Primary Election		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: AZ      District: 7					

Full Name (Last, First, Middle Initial) <b>C. Ben Cardin For Senate</b>			Transaction ID: 11758318 Date of Disbursement 11 / 29 / 2005		
Mailing Address PO Box 65058			Amount of Each Disbursement this Period 1000.00		
City Baltimore	State MD	Zip Code 21209	011 Category/ Type		
Purpose of Disbursement 2006 Primary Election					
Candidate Name Mr. Benjamin Cardin			2006 Primary Election		
Office Sought:    House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: MD      District: 2					

SUBTOTAL of Disbursements This Page (optional) .....	0.00
TOTAL This Period (last page this line number only) .....	56000.00