

**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)

X

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (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

04

01

2005

through

04

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

05

18

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: ^M04 ^{: :}01 ^{Y (Y)}2005 To: ^M04 ^{: :}30 ^{Y (Y)}2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y)} 2005		284106.18
(b) Cash on Hand at Beginning of Reporting Period	364250.71	
(c) Total Receipts (from Line 19)	59770.00	204677.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	424020.71	488783.48
7. Total Disbursements (from Line 31)	28981.56	93744.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	395039.15	395039.15
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: ^M04 ⁻01 ⁻2005 To: ^M04 ⁻30 ⁻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)	37605.00	127494.88
(ii) Unitemized	21965.00	76305.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	59770.00	203799.88
(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)	59770.00	203799.88
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.)	0.00	377.42
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))	59770.00	204677.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59770.00	204677.30

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....	26731.56	93231.56
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.....	250.00	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))..... ▶	250.00	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))..	26961.56	93744.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	26961.56	93744.33

DETAILED SUMMARY PAGE

of Disbursements

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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)	59770.00	203799.88
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59520.00	203549.88
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 / 48

(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) A. Dr. John Scot Ode		Date of Receipt M / D / Y 04 / 01 / 2005
Mailing Address Jasper Podiatry Center 1800 Birmingham Ave.		Transaction ID: 10913133
City Jasper	State AL	Zip Code 35501-5461
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. Scott W. McKinney		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 1311 Coral Way Dr.		Transaction ID: 10913143
City Taylor Lake	State TX	Zip Code 77586-4570
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 M. Hofacker		Date of Receipt M / D / Y 04 / 04 / 2005
Mailing Address 50 Sand Run Rd.		Transaction ID: 10913142
City Akron	State OH	Zip Code 44313-6200
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)	800.00
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 7 / 48

(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. James Mark Bruyn		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 577D Calder		Transaction ID: 10913119
City Beaumont	State TX	Zip Code 77706-6306
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. Jeffrey Reuzler		Date of Receipt M / D / Y 04 / 05 / 2005
Mailing Address 16189 Old Orchard Dr.		Transaction ID: 10913120
City Spring Lake	State MI	Zip Code 49456-2346
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. James R. Christina		Date of Receipt M / D / Y 04 / 06 / 2005
Mailing Address 3 Glendorian Ct.		Transaction ID: 10902212
City Cockeysville	State MD	Zip Code 21030-2407
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) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 8 / 48

(check only one)

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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. Ronald D. Jensen		Date of Receipt M / D / Y 04 / 06 / 2005
Mailing Address 2809 Pinot lane		Transaction ID: 10908750
City Modesto	State CA	Zip Code 95356-0616
FEC ID number of contributing federal political committee. C		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. Dr. James O. Hall		Date of Receipt M / D / Y 04 / 07 / 2005
Mailing Address 2195 N. St. James		Transaction ID: 10918345
City Cleveland Heights	State OH	Zip Code 44106-3328
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. Ann J. Kanegle		Date of Receipt M / D / Y 04 / 07 / 2005
Mailing Address 78 Page Ln.		Transaction ID: 10918341
City Westbury	State NY	Zip Code 11560-6213
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)	1500.00
TOTAL This Period (last page this line number only)	

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ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 / 48

(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. John Charles Williams		Date of Receipt M / D / Y 04 / 07 / 2005
Mailing Address Rosaline Footcare A Podiatry Group 1850 Rosaline Ave. #F		Transaction ID: 10918343
City State Zip Code Redding CA 96001-2543	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Robb A. Mothershead		Date of Receipt M / D / Y 04 / 07 / 2005
Mailing Address 5732 Brandiles Ln.		Transaction ID: 10918344
City State Zip Code Winston Salem NC 27104	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Bruce E. Weeman		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 29 Blackthorn Loop		Transaction ID: 10918358
City State Zip Code Wappingers Falls NY 12560-4228	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	

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

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

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(check only one)

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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. Steven E. Damon		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 399 N. Main St.		Transaction ID: 10918364
City Suffield	State CT	Zip Code 06078-1839
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. Harry Goldsmith		Date of Receipt M / D / Y 04 / 08 / 2005
Mailing Address 19224 Trentham Ave.		Transaction ID: 10918351
City Cerritos	State CA	Zip Code 90709-7269
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. Scott L. Shinder		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 508 James Pl.		Transaction ID: 10913159
City Yankton	State SD	Zip Code 57078-1830
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 48

(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. Brad L.Z. Naylor		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 112B Fay St		Transaction ID: 10928251
City Redwood City	State CA	Zip Code 94061-2240
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) B. Dr. Thomas S. Godfyd		Date of Receipt M / D / Y 04 / 11 / 2005
Mailing Address 498B Heather Point		Transaction ID: 11161495
City Birmingham	State AL	Zip Code 35242-3950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$250.00 This changes the YTD Total to \$12,500.00

Full Name (Last, First, Middle Initial) C. Dr. Robert E. Manna		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 188 Greenwood Dr.		Transaction ID: 10921428
City South Windsor	State CT	Zip Code 06074-2510
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) ▼		

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 12 / 48

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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. Michael Z. Fein		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 15 Lakeview Dr.		Transaction ID: 10921452
City Easton	State CT	Zip Code 06612-1700
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. Eric M. Kosofsky		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 597 Farmington Ave.		Transaction ID: 10921420
City Hartford	State CT	Zip Code 06105-3057
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. Stephen Parinutter		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 5 Tavistock		Transaction ID: 10921430
City Cromwell	State CT	Zip Code 06416-2727
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)	300.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 13 / 48

(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. Anthony R. Iorio		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 238 Wilton Rd.		Transaction ID: 10921448
City Westport	State CT	Zip Code 06880-2338
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) B. Dr. Robert Elmo		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 37 Country Walk		Transaction ID: 10921450
City Huntington	State CT	Zip Code 06484-5330
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. Benedict G. Valente, II		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 208 Coldbrook Rd.		Transaction ID: 10921442
City South Glastonbury	State CT	Zip Code 06073-2703
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**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 / 48

(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 Deschamps		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 351 Merline Rd. #101		Transaction ID: 10921458
City Vernon Rockville	State CT	Zip Code 06066-4043
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) B. Dr. Richard A. Weinstein		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 1442 Honeysuckle, N.E.		Transaction ID: 10921417
City Albuquerque	State NM	Zip Code 87122-1144
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 E. Denn		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address 588 Washington St.		Transaction ID: 10921405
City Vermilion	State OH	Zip Code 44089-1079
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**

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

FOR LINE NUMBER: PAGE 15 / 48

(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) A. Dr. Sanjay V. Patel		Date of Receipt M / D / Y 04 / 12 / 2005
Mailing Address Family Foot Care & Surgery LLC 309 Seaside Ave. #202		Transaction ID: 10921429
City Milford	State CT	Zip Code 06460-4632
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. Michael Charles Edwards, Jr.		Date of Receipt M / D / Y 04 / 14 / 2005
Mailing Address 28 Partridge Cir.		Transaction ID: 11001676
City Beaufort	State SC	Zip Code 29507-1234
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. Jan David Tepper		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 195 E. 24th St.		Transaction ID: 10928285
City Upland	State CA	Zip Code 91784-1150
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) ▼		

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 16 / 48

(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. Mark M. Schilansky		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 181 Elting Rd.		Transaction ID: 11020569
City Catskill	State NY	Zip Code 12414-6731
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. Suzanne Lee		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 1307 Indiana Ave.		Transaction ID: 10928242
City South Pasadena	State CA	Zip Code 91030-3624
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. Stephen C. Wan		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 3221 Blume Dr.		Transaction ID: 10928287
City Rossmoor	State CA	Zip Code 90720-4812
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) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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 / 48

(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. William Tarran		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 1218 Seville Dr.		Transaction ID: 10928269
City Pacifica	State CA	Zip Code 94044-3554
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) B. Dr. Thomas C. Abwood		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address Western Foot & Ankle Care 2122 9th St. #3		Transaction ID: 10928264
City Greeley	State CO	Zip Code 80631-3089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 255.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. D. Jeffrey Haupt		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 285 Mesa Dr. #D		Transaction ID: 10928268
City Costa Mesa	State CA	Zip Code 92627-6844
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)	▶	1005.00
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 / 48

(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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Fred L. Anderson		Date of Receipt M / D / Y 04 / 15 / 2005
Mailing Address 9182 Owari Ln.		Transaction ID: 10928288
City Riverside	State CA	Zip Code 92508-6230
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) B. Dr. Lyla T. Modin		Date of Receipt M / D / Y 04 / 18 / 2005
Mailing Address 3708 Gateshead Dr.		Transaction ID: 10933064
City Annapolis	State MD	Zip Code 21403-5002
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. Francisco A. Tello		Date of Receipt M / D / Y 04 / 18 / 2005
Mailing Address 10822 Rose Dr.		Transaction ID: 10933068
City Bismarck	State ND	Zip Code 58503-9719
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**

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

FOR LINE NUMBER: PAGE 10 / 48

(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. Burton J. Katzen		Date of Receipt M / D / Y 04 / 16 / 2005
Mailing Address 4302 St. Barnabas Rd. E.		Transaction ID: 10933063
City Temple Hills	State MD	Zip Code 20748-1842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Gary A. Lieberman		Date of Receipt M / D / Y 04 / 16 / 2005
Mailing Address 5 Sedgewick Ln.		Transaction ID: 10933067
City Rockville	State MD	Zip Code 20852-3636
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 S. Elmer		Date of Receipt M / D / Y 04 / 16 / 2005
Mailing Address 27 Horton St.		Transaction ID: 10933069
City Salem	State MA	Zip Code 01970-2847
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) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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 / 48

(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. Lyman H. Wilson		Date of Receipt M / D / Y Y Y Y 04 / 17 / 2005
Mailing Address 2220 E. Fruit St #214		Transaction ID: 10961936
City	State	Zip Code
Santa Ana	CA	92701-4459
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. Mr. Michael Q. Davis		Date of Receipt M / D / Y Y Y Y 04 / 17 / 2005
Mailing Address 757 Poplar Church Rd.		Transaction ID: 10960071
City	State	Zip Code
Camp Hill	PA	17011-2383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pennsylvania Podiatric Me- dical Assoc.	Occupation Executive Director	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Gerald D. Paterson		Date of Receipt M / D / Y Y Y Y 04 / 17 / 2005
Mailing Address 6827 Apollo Rd.		Transaction ID: 10961848
City	State	Zip Code
West Linn	OR	97068-2807
FEC ID number of contributing federal political committee. C		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) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 / 48

(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. Bradley Don Beasley		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 1705 W. Montpelier St.		Transaction ID: 10961950
City Broken Arrow	State OK	Zip Code 74012-8597
FEC ID number of contributing federal political committee. C		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. Dr. S. F. Charley Hatley		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 2201 Juanita Ln.		Transaction ID: 10961976
City Deer Park	State TX	Zip Code 77536-4214
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. Raymond J. Molica		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 8223 14th Ave.		Transaction ID: 10961839
City Brooklyn	State NY	Zip Code 11228-3113
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)	900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 22 / 48

(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. David S. Mezza		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address Chula Vista Podiatry Group 276 Church Ave. #A		Transaction ID: 10961947
City Chula Vista	State CA	Zip Code 91910-2729
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. Alwenger		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address Village Medical Arts Complex 77 Miller Rd. #202		Transaction ID: 10961941
City Castleton On Hudso	State NY	Zip Code 12033-4022
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. Randy K. Kaplan		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 25725 Coolidge Hwy.		Transaction ID: 10961958
City Oak Park	State MI	Zip Code 48237-1430
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 / 48

(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. David B. Tucker		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 1331 Tallowee Rd.		Transaction ID: 10961977
City Eden	State NC	Zip Code 27288-9505
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 ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Stuart L. Tessler		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 3 49th Ave.		Transaction ID: 10961948
City Isle Of Palms	State SC	Zip Code 29451-2609
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. Donald G. Hovensek		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 752D Sandy Point Rd. N.E.		Transaction ID: 10960307
City Olympia	State WA	Zip Code 98518-9575
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**

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

FOR LINE NUMBER: PAGE 24 / 48

(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. Marshall G. Solomon		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 37723 Cherry Hill		Transaction ID: 10961975
City Farmington Hills	State MI	Zip Code 48331-4803
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. Michael L. Micheli		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 7805 Gate Post Way		Transaction ID: 10961954
City Potomac	State MD	Zip Code 20854-1739
FEC ID number of contributing federal political committee. C		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) C. Dr. William Schreff		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 345 E. Central Ave.		Transaction ID: 10960073
City Jersey Shore	State PA	Zip Code 17740-6579
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 ▼ 349.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 25 / 48

(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. Richard W. Peffley		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address Salem Foot Clinic 350 Miller St. SE		Transaction ID: 10950218
City Salem	State OR	Zip Code 97302-4248
FEC ID number of contributing federal political committee. C		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. Dr. Michael B. Thompson		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 201 68th Pl.		Transaction ID: 10961857
City Kenosha	State WI	Zip Code 53143-5137
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. Bert Altmarshofer		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 550 Forsht Dr.		Transaction ID: 10961868
City Duncansville	State PA	Zip Code 16835-9413
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) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
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 26 / 48

(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. Kirk A. Koepsel		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 327 Pebblebrook		Transaction ID: 10961958
City Seabrook	State TX	Zip Code 77586-6010
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. Roy R. Moeller		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 8879 Sylvan Ridge		Transaction ID: 10961938
City Eden Prairie	State MN	Zip Code 55347-3337
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. Ira Kreis		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 20 Dogwood Trl.		Transaction ID: 10961838
City Ringgold	State GA	Zip Code 30738-2725
FEC ID number of contributing federal political committee. C		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) ▼		

SUBTOTAL of Receipts This Page (optional)	1550.00
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 27 / 48

(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 A. Borovay		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 8827 Minnow Pond Dr.		Transaction ID: 10961965
City West Bloomfield	State MI	Zip Code 48322-2664
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) B. Dr. Marlene Reid		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 3446 N. Bosworth		Transaction ID: 10961963
City Chicago	State IL	Zip Code 60657-1304
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. Bruce G. Blank		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address Achilles Foot & Ankle Surgery 92 N. 4th St. #27		Transaction ID: 10961964
City Martins Ferry	State OH	Zip Code 43935-1600
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) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
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

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(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. Franklin Kase		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 2875 Basil Ln.		Transaction ID: 10961949
City Los Angeles	State CA	Zip Code 90077-2005
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) B. Dr. Shay N. Rosenfeld		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 29815 Mullane Dr.		Transaction ID: 10961961
City Farmington Hills	State MI	Zip Code 48334-2059
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. Lawrence B. Herkless		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 13103 Country Trl.		Transaction ID: 10961978
City San Antonio	State TX	Zip Code 78218-2330
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**

Use separate schedule(s)
or each category of the
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(check only one)

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	13		14		15		16										

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Jondelle B. Jenkins		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address J.B. Jenkins & Associates 1706 E. 87th St.		Transaction ID: 10961945
City Chicago	State IL	Zip Code 60617-2740
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Timothy Ellis Messmer		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 1519 34th St.		Transaction ID: 10949429
City Anacortes	State WA	Zip Code 98221-3354
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	

Full Name (Last, First, Middle Initial) C. Dr. Daniel G. Fulmer		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address P.O. Box 8087		Transaction ID: 10961859
City Fayetteville	State AR	Zip Code 72703-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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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(check only one)

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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) A. Dr. Amy B. Schunemeyer		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 207 Estate Dr.		Transaction ID: 10961967
City New Iberia	State LA	Zip Code 70563-2303
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) B. Dr. Eric R. Hubbard		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 353D Weston		Transaction ID: 10961962
City Long Beach	State CA	Zip Code 90807-3818
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. Michael A. Robinson		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 43 Algonquian Dr.		Transaction ID: 10961962
City Natick	State MA	Zip Code 01760-6064
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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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. Barry E. Wesselowski		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 2901 Majestic		Transaction ID: 10961955
City Independence	State KS	Zip Code 67301-1519
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) B. Dr. Charles M. Tirone		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 459 General Dr.		Transaction ID: 10961944
City Fort Wright	State KY	Zip Code 41011-1863
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. Gall R. Johnson		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address P.O. Box 8087		Transaction ID: 10961960
City Fayetteville	State AR	Zip Code 72703-0001
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) ▼		

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

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Use separate schedule(s)
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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. David Alan Yeager		Date of Receipt M / D / Y 04 / 17 / 2005
Mailing Address 180B 33rd Ave.		Transaction ID: 10981937
City Sterling	State IL	Zip Code 61081-4166
FEC ID number of contributing federal political committee. C		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. Dr. James W. Slavosky		Date of Receipt M / D / Y 04 / 18 / 2005
Mailing Address 1201 Vancouver Ave.		Transaction ID: 11001666
City Burlingame	State CA	Zip Code 94010-5669
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. R. Craig Martin		Date of Receipt M / D / Y 04 / 18 / 2005
Mailing Address 6250 Clearview Rd.		Transaction ID: 11001661
City Dover	State PA	Zip Code 17315-5208
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)	650.00
TOTAL This Period (last page this line number only)	

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

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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. Raymond G. Cavaliere		Date of Receipt M / D / Y 04 / 18 / 2005
Mailing Address 28 Cedar Ridge Ln.		Transaction ID: 11001668
City	State	Zip Code
Dix Hills	NY	11746-7841
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. Donald C. Lutz		Date of Receipt M / D / Y 04 / 18 / 2005
Mailing Address 326 River Woods Dr.		Transaction ID: 11001667
City	State	Zip Code
Flushing	MI	48433-2100
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. Loren L. Rogers		Date of Receipt M / D / Y 04 / 18 / 2005
Mailing Address 2717 Sycamore Ave.		Transaction ID: 11001870
City	State	Zip Code
Missoula	MT	59802-5101
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) ▼		

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)
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Detailed Summary Page

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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. Bruce J. McLaughlin		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 543 Manstuck Blvd.		Transaction ID: 11001942
City Brightwaters	State NY	Zip Code 11718-1025
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) B. Dr. Grace D. Pascual		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 86-274 Alamihi St.		Transaction ID: 11001937
City Waianae	State HI	Zip Code 96792-2911
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. Bernard A. Viera		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address P.O. Box 51985		Transaction ID: 11001928
City Lafayette	State LA	Zip Code 70505-1985
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) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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. Todd A. Harrison		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 18819 Fountain Ter.		Transaction ID: 11001899
City Hagerstown	State MD	Zip Code 21742-2670
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. Allen K. Raish		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 7282 Egerton Ln.		Transaction ID: 11001871
City Germantown	State TN	Zip Code 38138-8779
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. Joseph M. Hughes		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 2311 Ocean View Dr.		Transaction ID: 11001875
City Signal Hill	State CA	Zip Code 90755-3778
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) ▼		

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
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(check only one)

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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. Rosario J. LaBarrera		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 321 Union Brick Rd.		Transaction ID: 11001938
City Blairstown	State NJ	Zip Code 07825-3411
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. Robert J. Hilkemann		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 13427 Seward		Transaction ID: 11001877
City Omaha	State NE	Zip Code 68154-3820
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. Vincent J. Hetherington		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 21945 Shagbark Trl.		Transaction ID: 11001898
City Strongsville	State OH	Zip Code 44149-2280
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
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(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. Denis P. McDonough		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 284 N. Halifax Dr.		Transaction ID: 11001925
City Ormond Beach	State FL	Zip Code 32176-5765
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. Terry P. Smith		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 2064 Michigan Ave		Transaction ID: 11001866
City Salt Lake City	State UT	Zip Code 84108-1308
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. Thomas H. Detwiler		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 110 Centre St		Transaction ID: 11001804
City Concord	State NH	Zip Code 03301-5015
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)	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
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(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. Jeffrey L. Davis		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 153 Griffin Rd.		Transaction ID: 11001939
City Deerfield	State NH	Zip Code 03037-1327
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. Perry K. Geisler		Date of Receipt M / D / Y 04 / 19 / 2005
Mailing Address 166D Blakefield Ter.		Transaction ID: 11001900
City Manchester	State MO	Zip Code 63021-7102
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. Edward Patrick Smith, Jr.		Date of Receipt M / D / Y 04 / 22 / 2005
Mailing Address 148 Park St.		Transaction ID: 11020539
City Springfield	State VT	Zip Code 05158-5034
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**

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

FOR LINE NUMBER: PAGE 38 / 48

(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. Richard H. Rolfe		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 441 Alta Vista Dr.		Transaction ID: 11001966
City South San Francisco	State CA	Zip Code 94080-5644
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. Thomas S. Maysik		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address 2246 Hwy. 44 W.		Transaction ID: 11001976
City Inverness	State FL	Zip Code 34453-3808
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. Jeffrey Dean Martone		Date of Receipt M / D / Y 04 / 25 / 2005
Mailing Address Family Foot Care Center 11 Central Ave.		Transaction ID: 11001989
City East Hartford	State CT	Zip Code 06108-5102
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 40 / 48

(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
	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. Jeffrey N. Bowman		Date of Receipt M / D / Y 04 / 26 / 2005
Mailing Address 3515 Maroneal		Transaction ID: 11020685
City Houston	State TX	Zip Code 77025-1322
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. Kenneth L. Hobbs		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 714 Fairlawn Rd.		Transaction ID: 11058117
City Topeka	State KS	Zip Code 66606-2337
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. Treay C. Fenagano		Date of Receipt M / D / Y 04 / 28 / 2005
Mailing Address 44266 Greenview Dr.		Transaction ID: 11058115
City El Macero	State CA	Zip Code 95618-1015
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) ▼		

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 41 / 48

(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. Matt Andrew Heibla		Date of Receipt M / D / Y 04 / 20 / 2005	
Mailing Address 12134 Woodchase Cir.		Transaction ID: 11058125	
City Anchorage	State AK	Zip Code 99516-2049	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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)	▶	250.00
TOTAL This Period (last page this line number only)	▶	37805.00

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 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 Mike Ferguson		Transaction ID: 10898226 Date of Disbursement 04 / 04 / 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 07067	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Mike Ferguson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District 7		
Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio			

Full Name (Last, First, Middle Initial) B. Lesley 'Les' Miller For Congress		Transaction ID: 10898227 Date of Disbursement 04 / 04 / 2005	
Mailing Address 2505-38th Avenue		Amount of Each Disbursement this Period 1000.00	
City Tampa State FL Zip Code 33610	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Lesley Miller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District 11		
Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio			

Full Name (Last, First, Middle Initial) C. Johnson For Congress Committee		Transaction ID: 10909417 Date of Disbursement 04 / 07 / 2005	
Mailing Address P.O. Box 1888		Amount of Each Disbursement this Period 1000.00	
City New Britain State CT Zip Code 06050	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Nancy L. Johnson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District 5		
Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio			

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)

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<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. Simpson For Congress		Transaction ID: 10909420 Date of Disbursement 04 / 07 / 2005	
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1000.00	
City Blackfoot State ID Zip Code 83221	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Michael K. Simpson	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: ID District 2			

Full Name (Last, First, Middle Initial) B. Hulshof for Congress		Transaction ID: 10909419 Date of Disbursement 04 / 07 / 2005	
Mailing Address P.O. Box 1621		Amount of Each Disbursement this Period 1000.00	
City Columbia State MO Zip Code 65205	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Kenny Hulshof	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: MO District 9			

Full Name (Last, First, Middle Initial) C. Pryce For Congress		Transaction ID: 10909418 Date of Disbursement 04 / 07 / 2005	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Deborah Pryce	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 15			

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)

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<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. Walden For Congress Inc		Transaction ID: 10909421 Date of Disbursement 04 / 07 / 2005	
Mailing Address PO Box 1091		Amount of Each Disbursement this Period 1000.00	
City Hood River	State OR	Zip Code 97031	011 Category/ Type 2008 Primary Election
Purpose of Disbursement 2008 Primary Election			
Candidate Name Rep. Greg Walden			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: OR District: 2			

Full Name (Last, First, Middle Initial) B. Conaway For Congress		Transaction ID: 10918411 Date of Disbursement 04 / 12 / 2005	
Mailing Address PO Box 51272		Amount of Each Disbursement this Period 500.00	
City Midland	State TX	Zip Code 79710	011 Category/ Type 2008 Primary Election
Purpose of Disbursement 2008 Primary Election			
Candidate Name Rep. K. Conaway			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: TX District: 11			

Full Name (Last, First, Middle Initial) C. Committee For A Democratic Majority		Transaction ID: 10918412 Date of Disbursement 04 / 12 / 2005	
Mailing Address 301 4th St. NE Suite 202		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20002	011 Category/ Type 2005 Contribution
Purpose of Disbursement 2005 Contribution			
Candidate Name			
Office Sought: House Senate President	Disbursement For: General Other (specify) ▼		
State: District			

SUBTOTAL of Disbursements This Page (optional) ► **6500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 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. Kennedy for Senate		Transaction ID: 11030717 Date of Disbursement 04 / 29 / 2005	
Mailing Address 301 4th St., NE - Suite 202		Amount of Each Disbursement this Period 1731.58	
City Washington, State DC Zip Code 20002	011 Category/ Type	(In-Kind) 2006 General Election	
Purpose of Disbursement (In-Kind) 2006 General Election Candidate Name Edward M. Kennedy			
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: MA District 1	Disbursement For: 2006 Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/>		
Disbursement For: 2006 General Election			

Full Name (Last, First, Middle Initial) B. Castle Campaign Fund		Transaction ID: 11030349 Date of Disbursement 04 / 29 / 2005	
Mailing Address P.O Box 133		Amount of Each Disbursement this Period 3500.00	
City Wilmington, State DE Zip Code 19800	011 Category/ Type	2006 Primary Election	
Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Michael N. Castle			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: DE District 1	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		
Disbursement For: 2006 Primary Election			

Full Name (Last, First, Middle Initial) C. Kyl for Senate		Transaction ID: 11030466 Date of Disbursement 04 / 29 / 2005	
Mailing Address POST OFFICE BOX 10246		Amount of Each Disbursement this Period 1000.00	
City Phoenix, State AZ Zip Code 85064	011 Category/ Type	2006 Primary Election	
Purpose of Disbursement 2006 Primary Election Candidate Name Jon Kyl			
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: AZ District 2	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>		
Disbursement For: 2006 Primary Election			

SUBTOTAL of Disbursements This Page (optional)	6231.56
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 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. Lee Terry For Congress		Transaction ID: 11030348 Date of Disbursement 04 / 29 / 2005	
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 3000.00	
City Omaha State NE Zip Code 68154	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Lee Terry	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District 2		
Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio			

Full Name (Last, First, Middle Initial) B. Menendez For Congress		Transaction ID: 11030469 Date of Disbursement 04 / 29 / 2005	
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 1000.00	
City Union City State NJ Zip Code 07087	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Robert Menendez	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District 13		
Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio			

Full Name (Last, First, Middle Initial) C. Tom Lantos For Congress Committee		Transaction ID: 11030350 Date of Disbursement 04 / 29 / 2005	
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00	
City San Carlos State CA Zip Code 94070	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Rep. Tom Lantos	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District 12		
Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio			

SUBTOTAL of Disbursements This Page (optional) ► **5000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<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. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City West Conshohocken State PA Zip Code 19426

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. Rick Santorum

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 Other (specify) ▼
 State: PA District 2 2006 Primary Electio

Transaction ID: 11030467
Date of Disbursement
04 / 29 / 2005

Amount of Each Disbursement this Period
2000.00

011
Category/
Type
2006 Primary Election

Full Name (Last, First, Middle Initial)
B. Mark Kennedy 06

Mailing Address PO Box 49333

City Blaine State MN Zip Code 55440

Purpose of Disbursement
2006 Primary Election

Candidate Name
Mr. Mark Kennedy

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 Other (specify) ▼
 State: MN District 2 2006 Primary Electio

Transaction ID: 11030470
Date of Disbursement
04 / 29 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

Full Name (Last, First, Middle Initial)
C. Akaka In 2006

Mailing Address PO Box 3169

City Honolulu State HI Zip Code 96802

Purpose of Disbursement
2006 Primary Election

Candidate Name
Sen. Daniel Akaka

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 Other (specify) ▼
 State: HI District 2 2006 Primary Electio

Transaction ID: 11030472
Date of Disbursement
04 / 29 / 2005

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	28731.56

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. Thomas S. Godfryd

Mailing Address 4988 Heather Point

City Birmingham State AL Zip Code 35242-3950

Purpose of Disbursement
refund of duplicate web contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 11159611
Date of Disbursement
04 / 11 / 2005

Amount of Each Disbursement this Period
250.00

010
Category/
Type
refund of duplicate web contribution

SUBTOTAL of Disbursements This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00