

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road
 Check if different than previously reported. (ACC)
Bethesda MD 20814-1698

2. **FEC IDENTIFICATION NUMBER** C00008839
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 02 01 2006 through 02 28 2006

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

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

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 07 18 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		281280.76
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	351564.76									
(c) Total Receipts (from Line 19)	26179.03	103259.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	377743.79	384540.34								
7. Total Disbursements (from Line 31)	39338.28	46134.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	338405.51	338405.51								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

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	17855.00	64854.99
(i) Itemized (use Schedule A)	8209.00	37232.00
(ii) Unitemized	26064.00	102086.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26064.00	102086.99
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	115.03	172.59
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))	26179.03	103259.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26179.03	103259.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1318.28	2114.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1318.28	2114.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38020.00	44020.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	39338.28	46134.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	39338.28	46134.83

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26064.00	102086.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26064.00	102086.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1318.28	2114.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1318.28	2114.83

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas S. Murray		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 10812 S.E. 3rd St.		Transaction ID: 12022796
City Midwest City	State OK	Zip Code 73130-5104
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Kathleen M. Stone		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 18807 N. 42nd Ave.		Transaction ID: 12022806
City Glendale	State AZ	Zip Code 85308-7527
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Karen F. Sanicola		Date of Receipt MM / DD / YYYY 02 / 10 / 2006
Mailing Address 19511 Spring Valley Dr.		Transaction ID: 12022808
City Hagerstown	State MD	Zip Code 21742-2411
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 7 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 R. Kirlin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 2600 Thomas Trl.		Transaction ID: 12022809	
City State Zip Code Gastonia NC 28054-4964	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Richard A. Bellacosa		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 7 Tanner Woods		Transaction ID: 12022810	
City State Zip Code San Antonio TX 78248-1629	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. John Steven Steinberg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 1709 Landon Hill Rd.		Transaction ID: 12022857	
City State Zip Code Vienna VA 22182-1853	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Kirk Eliel Woelffer

Mailing Address Raleigh Foot Center
P.O. Box 98209

City Raleigh State NC Zip Code 27624-8209

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: 12022859

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark Haas

Mailing Address 1024 Tramway Ln. N.W.

City Albuquerque State NM Zip Code 87122-1317

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: 12022860

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. William H. Dabdoub

Mailing Address 100 Ayshire Ct.

City Slidell State LA Zip Code 70461-5034

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: 12022862

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 9 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Mary Elizabeth Crane

Mailing Address 2601 N. Carroll Ave.

City State Zip Code
Southlake TX 76092-3100

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: 12022873

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Eugene F. Sherwood

Mailing Address 7475 Algonquin Dr.

City State Zip Code
Cincinnati OH 45243-3517

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2006

Transaction ID: 12022883

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. John M. DePalma

Mailing Address 1006 Shawnee Ln.

City State Zip Code
Shamong NJ 08088-8973

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 12022895

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 10 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Russell J. Barone

Mailing Address 29 Glen Crest Dr.

City Arden State NC Zip Code 28704-3025

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 12022897

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Alvin J. Dr. Alvin J. Kanegis

Mailing Address 78 Page Ln.

City Westbury State NY Zip Code 11590-6213

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 12022899

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. William R. Kuglar

Mailing Address 542 Hawthorne Woods Dr.

City Eagan State MN Zip Code 55123-3059

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2006

Transaction ID: 12022916

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Joseph Ryan Treadwell

Mailing Address 15 Lantern Ct.

City State Zip Code
Farmington CT 06032-3333

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2006

Transaction ID: 12022971

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. David E. Klein

Mailing Address 345 Harbor Hills Rd.

City State Zip Code
Roslyn NY 11576-2230

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: 12024074

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark F. Rogers

Mailing Address Central UT Foot & Ankle Clinic
150 W. 800 N.

City State Zip Code
Provo UT 84601-1624

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: 12024078

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew C. Schink

Mailing Address 1715 Cameo

City State Zip Code
Eugene OR 97405-5897

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: 12025202

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. David James Maiani

Mailing Address 3966 E. Ohio Match Rd.

City State Zip Code
Hayden ID 83835-7824

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 0 6

Transaction ID: 12025205

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Brooke V. Crowley

Mailing Address 88 S. Howell Point Rd.

City State Zip Code
Bellport NY 11713-2614

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 6

Transaction ID: 12025210

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Gregory M. Jansyn

Mailing Address 927 S. Peale

City State Zip Code
Park Ridge IL 60068-4961

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 12025215

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Garry W. Neltner

Mailing Address 3117 Hudnall Ln.

City State Zip Code
Edgewood KY 41017-2320

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: 12025227

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael W. Ward

Mailing Address 1951 S. Grandview

City State Zip Code
Dubuque IA 52003-7922

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2006

Transaction ID: 12033558

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Tracy L. Basso

Mailing Address 3216 Shelter Love Ave.

City State Zip Code
Davis CA 95616-2628

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: 12037984

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark Haas

Mailing Address 1024 Tramway Ln. N.W.

City State Zip Code
Albuquerque NM 87122-1317

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: 12037985

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian W. Cornell

Mailing Address 3 Algonquin Dr.

City State Zip Code
Middletown RI 02842-4573

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: 12037986

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 15 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael S. Downey		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 165 Pheasant Fields Ln		Transaction ID: 12037988	
City State Zip Code Moorestown NJ 08057-1431	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Joseph S. Wells		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 39195 Calle De Companero		Transaction ID: 12038268	
City State Zip Code Murrieta CA 92562-7135	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Richard A. Weinstein		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address 1442 Honeysuckle N.E.		Transaction ID: 12056250	
City State Zip Code Albuquerque NM 87122-1144	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Faith C. Shapiro		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address S.W. Podiatry Center 1903-C Wyoming Blvd. N.E.		Transaction ID: 12056262	
City Albuquerque	State NM	Amount of Each Receipt this Period 250.00	
Zip Code 87112-2865			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Janet Simon		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address Podiatry Associates of NM 8300 Carmel N.E. #501		Transaction ID: 12056270	
City Albuquerque	State NM	Amount of Each Receipt this Period 250.00	
Zip Code 87122-3125			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Ronald D. Jensen		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6	
Mailing Address Gould Medical Group 3612 Dale Rd.		Transaction ID: 12056276	
City Modesto	State CA	Amount of Each Receipt this Period 1000.00	
Zip Code 95356-0500			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Thomas C. Atwood		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address Western Foot & Ankle Care 2122 9th St. #3		Transaction ID: 12056277
City State Zip Code Greeley CO 80631-3089	Amount of Each Receipt this Period 255.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Dr. Marc J. Hudes		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 22 Sunset Dr.		Transaction ID: 12056278
City State Zip Code Monticello NY 12701-4500	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard L. Rauch		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 1188 Lost Rd.		Transaction ID: 12056305
City State Zip Code Martinsburg WV 25401-0898	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	805.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert J. Warkala

Mailing Address 445 Hurffville-Crosskeys Rd. #B6

City State Zip Code
Sewell NJ 08080-2338

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2006

Transaction ID: 12057561

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Rodney Peele

Mailing Address 824 Azalea Drive

City State Zip Code
Rockville MD 20850-2017

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

Name of Employer American Podiatric Medical Association Occupation
Assistant Director of Legislative Advo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: 12063512

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. David Alan Yeager

Mailing Address 2165 Fawn Ridge Dr.

City State Zip Code
Dixon IL 61021-9502

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 12071114

Amount of Each Receipt this Period
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Gordon P. Rheume		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 80 Baylor St.		Transaction ID: 12071115	
City Pueblo	State CO	Zip Code 81005-1640	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Charles E. Keenan, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1590 3rd Ave. S.E.		Transaction ID: 12071116	
City Le Mars	State IA	Zip Code 51031-2763	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Oliver S. Foster		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address Baldwin Hills Foot & Ankle Center 3756 Santa Rosalia Dr. #302		Transaction ID: 12071117	
City Los Angeles	State CA	Zip Code 90008-3606	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Oliver S. Foster

Mailing Address Baldwin Hills Foot & Ankle Center
3756 Santa Rosalia Dr. #302

City Los Angeles State CA Zip Code 90008-3606

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 12071118

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
Dr. Carol F. LaRose

Mailing Address 2801 Seafarer Loop

City Anchorage State AK Zip Code 99516-3556

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: 12099321

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert C. Blaine

Mailing Address 5442 Lockhaven Dr.

City Buena Park State CA Zip Code 90621-1538

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

Name of Employer A-B Foot & Ankle Care Center Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: 12100054

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1950.00
TOTAL This Period (last page this line number only)	▶	17855.00

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)

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

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

Full Name (Last, First, Middle Initial) A. Wachovia Bank, N.A.		Transaction ID: 12780392 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 908.25
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Wachovia Bank, N.A.		Transaction ID: 12780394 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 26.80
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Wachovia Bank, N.A.		Transaction ID: 12780395 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 22.15
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	957.20
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 35

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

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

Full Name (Last, First, Middle Initial) A. Wachovia Bank, N.A.		Transaction ID: 12780397 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 4.50
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Wachovia Bank, N.A.		Transaction ID: 12780398 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 27.91
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Wachovia Bank, N.A.		Transaction ID: 12780399 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 286.72
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	319.13
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 35

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Investment Account, Interest/Dividends

Mailing Address 100 Light St., 19th Floor

City Baltimore State MD Zip Code 21202-1036

Purpose of Disbursement
Interest Expense

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 12159234

Date of Disbursement

02 / 28 / 2006

Amount of Each Disbursement this Period

41.95

Interest Expense

SUBTOTAL of Disbursements This Page (optional)

41.95

TOTAL This Period (last page this line number only)

1318.28

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bob Filner for Congress		Transaction ID: 11955653 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 127868		Amount of Each Disbursement this Period 1000.00
City San Diego State CA Zip Code 92112	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Mr. Bob Filner		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	2006 Primary Election

Full Name (Last, First, Middle Initial) B. Rogers For Congress		Transaction ID: 11955279 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 2000.00
City Brighton State MI Zip Code 48116	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Michael J. Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	2006 Primary Election

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Transaction ID: 11955650 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 1000.00
City Fremont State CA Zip Code 94537	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Fortney Peter Stark		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	2006 Primary Election

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

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

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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Mark Foley For Congress		Transaction ID: 11955651 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 3507 Village Blvd #5-304		Amount of Each Disbursement this Period 1000.00
City West Palm Beach State FL Zip Code 33409	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Mr. Mark Foley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) B. Congressman Bill Young Campaign Committee		Transaction ID: 11955652 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 47025		Amount of Each Disbursement this Period 1000.00
City St. Petersburg State FL Zip Code 33743	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. C.W. Bill Young		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) C. Lancaster Host Resort And Conference Center		Transaction ID: 11958028 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 2300 Lincoln Highway East		Amount of Each Disbursement this Period 250.00
City Lancaster State PA Zip Code 17602	011 Category/ Type Inkind Contribution	
Purpose of Disbursement Inkind Contribution		
Candidate Name Rep. Joseph R. Pitts		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Judy's Cafe		Transaction ID: 11956968 Date of Disbursement 02 / 02 / 2006
Mailing Address Judy's Cafe Business Office 491 Bantry St.		Amount of Each Disbursement this Period 270.00
City Powell State OH Zip Code 43065	011 Category/ Type Inkind Contribution	
Purpose of Disbursement Inkind Contribution		
Candidate Name Rep. Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Vito Fossella		Transaction ID: 11955654 Date of Disbursement 02 / 02 / 2006
Mailing Address PO Box 131403 PO Box 060248		Amount of Each Disbursement this Period 2000.00
City Staten Island State NY Zip Code 10313	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Vito J. Fossella		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) C. Friends Of Rahm Emanuel		Transaction ID: 11955656 Date of Disbursement 02 / 02 / 2006
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60610	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Rahm Emanuel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

SUBTOTAL of Disbursements This Page (optional) ▶	3270.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

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

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

Full Name (Last, First, Middle Initial) A. Lesley 'Les' Miller For Congress		Transaction ID: 11955657 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 2505-38th Avenue		Amount of Each Disbursement this Period 500.00	
City Tampa State FL Zip Code 33610	Purpose of Disbursement 2006 Primary Election Candidate Name Lesley Miller	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

2006 Primary Election

Full Name (Last, First, Middle Initial) B. Lynn Westmoreland For Congress		Transaction ID: 11955655 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address PO Box 458		Amount of Each Disbursement this Period 1000.00	
City Sharpsburg State GA Zip Code 30277	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Lynn Westmoreland	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

2006 Primary Election

Full Name (Last, First, Middle Initial) C. Cummings For Congress Campaign Committee		Transaction ID: 12159289 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address PO Box 1631		Amount of Each Disbursement this Period 2500.00	
City Baltimore State MD Zip Code 21203	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Elijah E. Cummings	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Craig Thomas		Transaction ID: 12025130 Date of Disbursement 08 / 29 / 2005
Mailing Address 3907 Dorsel Ct		Amount of Each Disbursement this Period 5000.00
City Casper State WY Zip Code 82609	Purpose of Disbursement 2010 Primary Election Funds Reported On Candidate Name Craig Thomas Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Electio		

[MEMO ITEM]
2010 Primary Election Funds Reported On <Enter Report Name Here>

Full Name (Last, First, Middle Initial) B. Friends Of Craig Thomas		Transaction ID: 12025131 Date of Disbursement 02 / 14 / 2006
Mailing Address 3907 Dorsel Ct		Amount of Each Disbursement this Period 5000.00
City Casper State WY Zip Code 82609	Purpose of Disbursement 2006 Primary Election Re-designated fund Candidate Name Craig Thomas Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

[MEMO ITEM]
2006 Primary Election Re-designated funds for trans. dated 8/29/2005

Full Name (Last, First, Middle Initial) C. Friends Of Craig Thomas		Transaction ID: 12025181 Date of Disbursement 02 / 14 / 2006
Mailing Address 3907 Dorsel Ct		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82609	Purpose of Disbursement Candidate Name Craig Thomas Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. Friends Of Ray Lahood		Transaction ID: 12025176 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 4238 N Knoxville Ave 4238 N Knoxville Ave		Amount of Each Disbursement this Period 1000.00
City Peoria State IL Zip Code 61614		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Ray LaHood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) B. Kirk For Congress		Transaction ID: 12025183 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 1000.00
City Winnetka State IL Zip Code 60093		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Mark Steven Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) C. Simmons For Congress		Transaction ID: 12025179 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271 P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 1000.00
City Stonington State CT Zip Code 06378		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Robert R. Simmons		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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

A. Hastert For Congress Committee Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 625 PO Box 625 City Batavia State IL Zip Code 60510 Purpose of Disbursement Candidate Name Rep. J. Dennis Hastert Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 12025180 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
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B. Latham For Congress Full Name (Last, First, Middle Initial) Mailing Address PO Box 71 PO Box 71 City Clarion State IA Zip Code 50525 Purpose of Disbursement Candidate Name Rep. Thomas P. Latham Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 4 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 12025177 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
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C. Committee To Elect Artur Davis To Congress Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 1845 City Birmingham State AL Zip Code 35201 Purpose of Disbursement Candidate Name Rep. Artur Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 7 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		Transaction ID: 12025182 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: 12025178 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23219	011 Category/ Type	
Purpose of Disbursement 2006 Contribution Candidate Name		2006 Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Whitfield For Congress Committee		Transaction ID: 12055816 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00
City Hopkinsville State KY Zip Code 42241	011 Category/ Type	
Purpose of Disbursement Candidate Name Rep. Edward Whitfield		2006 Primary Electio
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Johnson For Congress Committee		Transaction ID: 12055617 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	011 Category/ Type	
Purpose of Disbursement Candidate Name Rep. Nancy L. Johnson		2006 General
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Norwood For Congress		Transaction ID: 12055810 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period 1000.00
City Evans State GA Zip Code 30809		
Purpose of Disbursement Candidate Name Rep. Charles W. Norwood Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	011 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Citizens For Arlen Specter		Transaction ID: 12055823 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 426 C Street Ne Carriage House Carriage House		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement Candidate Name Sen. Arlen Specter Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 1	011 Category/Type	
Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Primary Electio		

Full Name (Last, First, Middle Initial) C. Friends Of Maurice Hinchey		Transaction ID: 12055811 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 4497		Amount of Each Disbursement this Period 1000.00
City Kingston State NY Zip Code 12402		
Purpose of Disbursement Candidate Name Rep. Maurice D. Hinchey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	011 Category/Type	
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Spratt For Congress Committee		Transaction ID: 12055821 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 830		Amount of Each Disbursement this Period 1000.00
City York State SC Zip Code 29745		
Purpose of Disbursement Candidate Name Rep. John M. Spratt, Jr.	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) B. Jo Bonner For Congress Committee		Transaction ID: 12055427 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 1000.00
City Mobile State AL Zip Code 36685		
Purpose of Disbursement Candidate Name Rep. Jo Bonner	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) C. The Hawkeye PAC		Transaction ID: 12055828 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 2500.00
City Des Moines State IA Zip Code 50309		
Purpose of Disbursement 2006 Contribution Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Steve Israel For Congress Committee		Transaction ID: 12055822 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 777		Amount of Each Disbursement this Period 1000.00
City Deer Park State NY Zip Code 11729	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Steve J. Israel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) B. King For Congress		Transaction ID: 12055618 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 126 Des Moines Street P.O. Box 576		Amount of Each Disbursement this Period 1000.00
City Odebolt State IA Zip Code 51458	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Steve A. King		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) C. Serrano For Congress		Transaction ID: 12055421 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address 275 Madison Avenue 275 Madison Avenue		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10016	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jose E. Serrano		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

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

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

Full Name (Last, First, Middle Initial) A. Rob Bishop For Congress		Transaction ID: 12055616 Date of Disbursement 02 / 23 / 2006	
Mailing Address PO Box 2004		Amount of Each Disbursement this Period 1000.00	
City Bringham City State UT Zip Code 84302	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Robert Bishop	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) B. Paula Hollinger For Congress		Transaction ID: 12055367 Date of Disbursement 02 / 23 / 2006	
Mailing Address PO Box 5861		Amount of Each Disbursement this Period 500.00	
City Baltimore State MD Zip Code 21282	Purpose of Disbursement 011 Category/ Type	Candidate Name Paula Hollinger	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) C. Al Green For Congress		Transaction ID: 12055426 Date of Disbursement 02 / 23 / 2006	
Mailing Address P.O. Box 20174 Suite 321		Amount of Each Disbursement this Period 1000.00	
City Houston State TX Zip Code 77225	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Al Green	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	38020.00