

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 Bethesda MD 20814 1698

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 02 01 2005 through 02 28 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 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 | 5 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

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|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

| | 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>5</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 5 | | 284106.18 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 5 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 357406.52 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 26156.06 | 101018.13 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 383562.58 | 385124.31 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 35454.65 | 37016.38 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 348107.93 | 348107.93 | | | | | | | | |
| 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 | 5 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 5 |

| 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 | 18389.88 | 65414.88 |
| (i) Itemized (use Schedule A) | 7604.00 | 34876.00 |
| (ii) Unitemized | | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 25993.88 | 100290.88 |
| (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) | 25993.88 | 100290.88 |
| 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.) | 162.18 | 227.25 |
| 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)) | 26156.06 | 101018.13 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 26156.06 | 101018.13 |

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..... | 926.79 | 2488.52 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 926.79 | 2488.52 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 34500.00 | 34500.00 |
| 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..... | 27.86 | 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 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)).. | 35454.65 | 37016.38 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 35454.65 | 37016.38 |

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 | 25993.88 | 100290.88 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 25993.88 | 100290.88 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 926.79 | 2488.52 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 926.79 | 2488.52 |

**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 / 32 |
| | <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. Steven R. Kravitz

Mailing Address 61 Taylors Way

City State Zip Code
Holland PA 18966-2686

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

Name of Employer American Professional Wound Care Assoc
Occupation Podiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2005

Transaction ID: 10657158

Amount of Each Receipt this Period
250.00

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

Mailing Address 1331 Tellowee Rd.

City State Zip Code
Eden NC 27288-9505

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 / 04 / 2005

Transaction ID: 10657161

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen H. Powless

Mailing Address Park Nicollet Clinic
3900 Park Nicollet Blvd.

City State Zip Code
Saint Louis Park MN 55416-2620

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 / 07 / 2005

Transaction ID: 10660157

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 7 / 32 |
| | <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. William P. Crotty | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 5 | |
| Mailing Address 5601 Park Ave. | | Transaction ID: 10660158 | |
| City State Zip Code Fort Smith AR 72903-1428 | Amount of Each Receipt this Period 1150.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Self Employed | Occupation Podiatrist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1150.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Thomas Baer | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 0 5 | |
| Mailing Address Rd. 2 Box 103 | | Transaction ID: 10663245 | |
| City State Zip Code Scenery Hill PA 15360-9802 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed 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. Kathleen M. Stone | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 0 5 | |
| Mailing Address 18807 N. 42nd Ave. | | Transaction ID: 10663247 | |
| City State Zip Code Glendale AZ 85308-7527 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed 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 | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1900.00 |
| 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 / 32 |
| | <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. Devang C. Patel | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 0 5 | |
| Mailing Address 520 West Ave. | | Transaction ID: 10663248 | |
| City State Zip Code Norwalk CT 06850-4007 | 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 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Oliver S. Foster | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 0 5 | |
| Mailing Address Baldwin Hills Foot & Ankle Center 3756 Santa Rosalia Dr. #302 | | Transaction ID: 10663249 | |
| City State Zip Code Los Angeles CA 90008-3606 | Amount of Each Receipt this Period 700.00 | | |
| 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 ▼ 700.00 | | |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Oliver S. Foster | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 0 5 | |
| Mailing Address Baldwin Hills Foot & Ankle Center 3756 Santa Rosalia Dr. #302 | | Transaction ID: 10663250 | |
| City State Zip Code Los Angeles CA 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 ▼ 1000.00 | | |

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| 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 9 / 32 |
| | <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. John F. Grady | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 0 5 | |
| Mailing Address 7605 Ridgewood Ln. | | Transaction ID: 10663252 | |
| City State Zip Code Burr Ridge IL 60527-8024 | 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 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Bart D. Beaver | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 1 / 2 0 0 5 | |
| Mailing Address 11043 S. Homan | | Transaction ID: 10663253 | |
| City State Zip Code Chicago IL 60655-2719 | Amount of Each Receipt this Period 301.00 | | |
| 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 ▼ 301.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Bradford W. Glass | | Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 0 / 2 0 0 5 | |
| Mailing Address 4603 Island Dr. | | Transaction ID: 10671485 | |
| City State Zip Code Midland TX 79707-1406 | 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 | | |

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| SUBTOTAL of Receipts This Page (optional) ▶ | 1051.00 |
| 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 / 32 |
| <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. David C. Schleichert

Mailing Address Central MN Foot & Ankle Clinic
1545 Northway Dr. #130

City State Zip Code
Saint Cloud MN 56303-1252

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 / 16 / 2005

Transaction ID: 10671494

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Sanford Mason

Mailing Address 140 Deere Park Ct.

City State Zip Code
Highland Park IL 60035-5309

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 / 16 / 2005

Transaction ID: 10671496

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Trent James Timson

Mailing Address The Community Foot Clinic of McPhe
316 W. 4th St.

City State Zip Code
McPherson KS 67460-2301

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 / 14 / 2005

Transaction ID: 10673116

Amount of Each Receipt this Period
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 11 / 32 |
| | <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. Kim M. Reichert | | Date of Receipt MM / DD / YYYY 02 / 14 / 2005 |
| Mailing Address 141 Hickory Lake | | Transaction ID: 10673117 |
| City Belleville | State IL | Zip Code 62223-3441 |
| 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. Richard Lynn Rupp | | Date of Receipt MM / DD / YYYY 02 / 14 / 2005 |
| Mailing Address 2400 Cinco Casitas | | Transaction ID: 10673122 |
| City La Crescenta | State CA | Zip Code 91214-3005 |
| 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 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. Steven B. Geduldig | | Date of Receipt MM / DD / YYYY 02 / 14 / 2005 |
| Mailing Address Foot Specialists 9119 W. 74th St. #352 | | Transaction ID: 10673123 |
| City Shawnee Mission | State KS | Zip Code 66204-2236 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Self Employed | Occupation Podiatrist | |
| Receipt For: <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) | ▶ | 1050.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 32 |
| | <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 | |

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. Robert G. Parker | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5 | |
| Mailing Address 715 Windbreak Trl. | | Transaction ID: 10682690 | |
| City State Zip Code Houston TX 77079-4225 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Self Employed 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. Harold B. Glickman | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 5 | |
| Mailing Address 11321 Berger Ter. | | Transaction ID: 10682691 | |
| City State Zip Code Potomac MD 20854-2017 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Self Employed 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. Frank A. Spinosa | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 5 | |
| Mailing Address P.O. Box 72 | | Transaction ID: 10682696 | |
| City State Zip Code Shelter Island NY 11964-0072 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self Employed Occupation Self Employed 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) ▶ | 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 13 / 32 |
| | <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. Vito N. Giardina

Mailing Address 7707 Wisconsin Ave. #825

City State Zip Code
Bethesda MD 20814-6555

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 / 17 / 2005

Transaction ID: 10696183

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen K. Grandfield

Mailing Address 7 The Thumb

City State Zip Code
Portage IN 46368-8706

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 / 23 / 2005

Transaction ID: 10696190

Amount of Each Receipt this Period
250.00

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

Mailing Address 3915 Hidden Oaks Ln.

City State Zip Code
Melbourne FL 32934-7738

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 / 23 / 2005

Transaction ID: 10696198

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 14 / 32 |
| | <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. Michael J. King

Mailing Address 176 Sweet Farm Rd.

City State Zip Code
Portsmouth RI 02871-1291

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 / 23 / 2005

Transaction ID: 10696199

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey R. DeSantis

Mailing Address 2611 Circle Dr.

City State Zip Code
Newport Beach CA 92663-5616

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 / 2005

Transaction ID: 10696202

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. David J. Freedman

Mailing Address 2128 Rose Theatre Cir.

City State Zip Code
Olney MD 20832-1677

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 / 23 / 2005

Transaction ID: 10700686

Amount of Each Receipt this Period
500.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| 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 / 32 |
| | <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. Harvey S. Karpo

Mailing Address 1420 Woodlane Dr.

City State Zip Code
Westville NJ 08093-1727

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 / 23 / 2005

Transaction ID: 10704601

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Terence B. Albright

Mailing Address 399 Berkshire Dr.

City State Zip Code
Lake Villa IL 60046

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 / 22 / 2005

Transaction ID: 10713946

Amount of Each Receipt this Period
250.00

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

Mailing Address 637 E. Matthews

City State Zip Code
Jonesboro AR 72401-3145

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

Name of Employer The Podiatry Group Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2005

Transaction ID: 10713948

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 16 / 32 |
| | <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. 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
Self Employed 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 / 2 2 / 2 0 0 5

Transaction ID: 10713950

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Terry J. Boykoff

Mailing Address 3714 Park Colony Ct.

City State Zip Code
Agoura Hills CA 91301-3635

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 ▼ 888.88

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 5

Transaction ID: 10714953

Amount of Each Receipt this Period
888.88

C. Full Name (Last, First, Middle Initial)
Dr. Kile W. Kinney

Mailing Address 3552 Carnoustie Dr.

City State Zip Code
Martinez GA 30907-9504

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
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 5

Transaction ID: 10714955

Amount of Each Receipt this Period
250.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1638.88 |
| 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 / 32 |
| | <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. William H. Dabdoub | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5 | |
| Mailing Address 100 Ayshire Ct. | | Transaction ID: 10714956 | |
| City State Zip Code Slidell LA 70461-5034 | Amount of Each Receipt this Period 1000.00 | | |
| 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 ▼ 1000.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Dr. Lawrence S. MacTavish | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5 | |
| Mailing Address 1506 Grand Valley | | Transaction ID: 10717410 | |
| City State Zip Code Houston TX 77090-1837 | 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 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Dr. Kenneth E. Jacoby | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5 | |
| Mailing Address 4N 916 Middlecreek Ln. | | Transaction ID: 10719800 | |
| City State Zip Code Saint Charles IL 60175 | 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) ▶ | 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 18 / 32 |
| | <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. Eugene Nassif, Jr. | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 5 | |
| Mailing Address 4095 Hickory Hill Ln. S.E. | | Transaction ID: 10719805 | |
| City Cedar Rapids | State IA | Zip Code 52403-3738 | 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. Steven B. Smith | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5 | |
| Mailing Address 8829 S. 92nd E. Ct. | | Transaction ID: 10719806 | |
| City Tulsa | State OK | Zip Code 74133-4441 | 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. Richard A. Bellacosa | | Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 5 | |
| Mailing Address 7 Tanner Woods | | Transaction ID: 10719808 | |
| City San Antonio | State TX | Zip Code 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 | | |

| | |
|--|--------|
| 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 19 / 32 | |
| | (check only one) | | | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 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. Patrick A. McShane

Mailing Address 2605 S. Marlan

City State Zip Code
Springfield MO 65804-3808

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 | / | 2 | 8 | / | 2 | 0 | 0 | 5 |

Transaction ID: 10752170

Amount of Each Receipt this Period
500.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 500.00 |
| TOTAL This Period (last page this line number only) | ▶ | 18389.88 |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 20 / 32 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" 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)
Investment Account, Interest/Dividends

Mailing Address 100 Light St., 19th Floor

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Baltimore | MD | 21202-1036 |

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

| | |
|---|------------------------------------|
| Name of Employer Citigroup Global Markets, Inc. | Occupation Investment Firm |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 227.25 |

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 5 |

Transaction ID: 10788130

Amount of Each Receipt this Period

| |
|--------|
| 162.18 |
|--------|

interest income

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 162.18 |
| TOTAL This Period (last page this line number only) | ▶ | 162.18 |

**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: 12780300 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5 |
| Mailing Address NC8502 PO Box 563966 | | Amount of Each Disbursement this Period 24.40 |
| 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: 12780303 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 5 |
| Mailing Address NC8502 PO Box 563966 | | Amount of Each Disbursement this Period 601.66 |
| 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: 12780304 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 5 |
| Mailing Address NC8502 PO Box 563966 | | Amount of Each Disbursement this Period 300.73 |
| 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) ▶ | 926.79 |
| TOTAL This Period (last page this line number only) ▶ | 926.79 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <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: 10647272 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 5 |
| Mailing Address PO Box 499 PO Box 499 | | Amount of Each Disbursement this Period 1000.00 |
| City Evans State GA Zip Code 30809 | 011 Category/ Type | |
| Purpose of Disbursement 2006 Primary Election | | |
| 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 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Kent Conrad | | Transaction ID: 10647313 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 5 |
| Mailing Address PO BOX 812 | | Amount of Each Disbursement this Period 2500.00 |
| City Bismarck State ND Zip Code 58502 | 011 Category/ Type | |
| Purpose of Disbursement 2006 Primary Election | | |
| Candidate Name Kent Conrad | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. People With Hart Inc | | Transaction ID: 10647273 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 5 |
| Mailing Address P.O. Box 435 | | Amount of Each Disbursement this Period 1000.00 |
| City Wexford State PA Zip Code 15090 | 011 Category/ Type | |
| Purpose of Disbursement 2006 Primary Election | | |
| Candidate Name Rep. Melissa A. Hart | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 4 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| 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)

PAGE 23 / 32

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

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

| | | | |
|--|-------------|--|--------------------------|
| Full Name (Last, First, Middle Initial) A. SNOWE FOR SENATE | | Transaction ID: 10652312 Date of Disbursement 02 / 07 / 2005 | |
| Mailing Address P.O. BOX 2000 | | Amount of Each Disbursement this Period 1000.00 | |
| City Portland | State ME | Zip Code 04104 | Category/ Type 011 |
| Purpose of Disbursement 2006 Primary Election | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name Olympia J. Snowe | | | 2006 Primary Election |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: ME | District: 1 | |

| | | | |
|--|-------------|--|--------------------------|
| Full Name (Last, First, Middle Initial) B. Mike Ross For Congress Committee | | Transaction ID: 10652295 Date of Disbursement 02 / 07 / 2005 | |
| Mailing Address PO Box 360 | | Amount of Each Disbursement this Period 1000.00 | |
| City Prescott | State AR | Zip Code 71857 | Category/ Type 011 |
| Purpose of Disbursement 2006 Primary Election | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name Rep. Michael A. Ross | | | 2006 Primary Election |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: AR | District: 4 | |

| | | | |
|--|-------------|--|--------------------------|
| Full Name (Last, First, Middle Initial) C. Ryan For Congress | | Transaction ID: 10652274 Date of Disbursement 02 / 07 / 2005 | |
| Mailing Address P. O. Box 1919 P. O. Box 1919 | | Amount of Each Disbursement this Period 1000.00 | |
| City Janesville | State WI | Zip Code 53547 | Category/ Type 011 |
| Purpose of Disbursement 2006 Primary Election | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name Rep. Paul Ryan | | | 2006 Primary Election |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: WI | District: 1 | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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. Price For Congress | | Transaction ID: 10652248 Date of Disbursement 02 / 07 / 2005 | |
| Mailing Address P.O. Box 425 | | Amount of Each Disbursement this Period 1000.00 | |
| City Roswell | State GA | Zip Code 30077 | 011 Category/ Type |
| Purpose of Disbursement 2004 Primary Debt Retirement | | | |
| Candidate Name Mr. Thomas Price | | 2004 Primary Debt Retirement | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: GA District: 6 | | | |

| | | | |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) B. Committe To Re-Elect Ed Towns | | Transaction ID: 10668435 Date of Disbursement 02 / 14 / 2005 | |
| Mailing Address 438 Lewis Avenue | | Amount of Each Disbursement this Period 1000.00 | |
| City Brooklyn | State NY | Zip Code 11233 | 011 Category/ Type |
| Purpose of Disbursement 2006 Primary Election | | | |
| Candidate Name Rep. Edolphus Towns | | 2006 Primary Election | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: NY District: 10 | | | |

| | | | |
|---|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) C. Castle Campaign Fund | | Transaction ID: 10668439 Date of Disbursement 02 / 14 / 2005 | |
| Mailing Address P.O Box 133 | | Amount of Each Disbursement this Period 1500.00 | |
| City Wilmington | State DE | Zip Code 19899 | 011 Category/ Type |
| Purpose of Disbursement 2006 Primary Election | | | |
| Candidate Name Rep. Michael N. Castle | | 2006 Primary Election | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: DE District: 1 | | | |

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| SUBTOTAL of Disbursements This Page (optional) | 3500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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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. Jd Hayworth For Congress | | Transaction ID: 10668432 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 5 |
| Mailing Address 14300 N. Northsight Blvd. #105 | | Amount of Each Disbursement this Period 1500.00 |
| City State Zip Code Scottsdale AZ 85260 | Purpose of Disbursement 2006 Primary Election Candidate Name Rep. J.D. Hayworth Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Friends Of Rahm Emanuel | | Transaction ID: 10668437 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 5 |
| Mailing Address P.O. Box 101124 | | Amount of Each Disbursement this Period 1000.00 |
| City State Zip Code Chicago IL 60610 | Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Rahm Emanuel Category/Type 011 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends Of Hillary | | Transaction ID: 10668433 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 5 |
| Mailing Address 1717 K Street Nw Suite 309a | | Amount of Each Disbursement this Period 2500.00 |
| City State Zip Code Washington DC 20036 | Purpose of Disbursement 2006 Primary Election Candidate Name Sen. Hillary Rodham Clinton Category/Type 011 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| 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. Bingaman 2006 | | Transaction ID: 10697534 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address PO Box 16210 | | Amount of Each Disbursement this Period 1500.00 |
| City Albuquerque State NM Zip Code 87191 | 011 Category/ Type | |
| Purpose of Disbursement 2006 Primary Election | | |
| Candidate Name Sen. Jeff Bingaman | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 2 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Charles A. Gonzalez Congressional Campaign | | Transaction ID: 10697526 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address P.O. Box 83142 | | Amount of Each Disbursement this Period 1000.00 |
| City Gaithersburg State MD Zip Code 20883 | 011 Category/ Type | |
| Purpose of Disbursement 2006 Primary Election | | |
| Candidate Name Charlie A. Gonzalez | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Friends of Lois Capps | | Transaction ID: 10697527 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address PO Box 23940 | | Amount of Each Disbursement this Period 1000.00 |
| City Santa Barbara State CA Zip Code 93121 | 011 Category/ Type | |
| Purpose of Disbursement 2006 Primary Election | | |
| Candidate Name Lois Capps | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 2006 Primary Election |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| 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. Pete Stark Re-Election Committee | | Transaction ID: 10697523 Date of Disbursement 02 / 23 / 2005 | |
| Mailing Address P.O. Box 8331 | | Amount of Each Disbursement this Period 1000.00 | |
| City Fremont | State CA | Zip Code 94537 | 011 Category/ Type 2006 Primary Election |
| Purpose of Disbursement 2006 Primary Election | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| 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 | |

| | | | |
|--|-------------|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Max Baucus | | Transaction ID: 10697528 Date of Disbursement 02 / 23 / 2005 | |
| Mailing Address Box 586 | | Amount of Each Disbursement this Period 2000.00 | |
| City Helena | State MT | Zip Code 59624 | 011 Category/ Type 2008 Primary Election |
| Purpose of Disbursement 2008 Primary Election | | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | |
| Candidate Name Senator Max Baucus | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 1 | |

| | | | |
|---|-------------|--|---|
| Full Name (Last, First, Middle Initial) C. Diana DeGette For Congress | | Transaction ID: 10697521 Date of Disbursement 02 / 23 / 2005 | |
| Mailing Address 770 Grant Street Suite 238 770 Grant Street Suite 238 | | Amount of Each Disbursement this Period 1000.00 | |
| City Denver | State CO | Zip Code 80203 | 011 Category/ Type 2006 Primary Election |
| Purpose of Disbursement 2006 Primary Election | | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Candidate Name Rep. Diana DeGette | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1 | |

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| 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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 32

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Stephanie Tubbs Jones For Us Congress | | Transaction ID: 10697529 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address 3729 Silsby Rd | | Amount of Each Disbursement this Period 1000.00 |
| City University Heights State OH Zip Code 44118 | 011 Category/ Type 2006 Primary Election | |
| Purpose of Disbursement 2006 Primary Election | | |
| Candidate Name Rep. Stephanie Tubbs Jones | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Abercrombie For Congress | | Transaction ID: 10697532 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005 C/O 1357 Kapiolani Blvd. Ste. 1005 | | Amount of Each Disbursement this Period 1000.00 |
| City Honolulu State HI Zip Code 96814 | 011 Category/ Type 2006 Primary Election | |
| Purpose of Disbursement 2006 Primary Election | | |
| Candidate Name Rep. Neil Abercrombie | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 1 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Nathan Deal For Congress | | Transaction ID: 10697525 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address PO Box 902 PO Box 902 | | Amount of Each Disbursement this Period 1000.00 |
| City Gainesville State GA Zip Code 30503 | 011 Category/ Type 2006 Primary Election | |
| Purpose of Disbursement 2006 Primary Election | | |
| Candidate Name Rep. Nathan Deal | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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)

PAGE 29 / 32

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

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Schakowsky For Congress | | Transaction ID: 10697522 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address P.O. Box 5130 | | Amount of Each Disbursement this Period 1000.00 2006 Primary Election |
| City Evanston State IL Zip Code 60204 | | |
| Purpose of Disbursement 2006 Primary Election | 011 Category/ Type | |
| Candidate Name Rep. Janice D. Schakowsky | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 9 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) B. Tim Murphy For Congress | | Transaction ID: 10697519 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address PO Box 24551 | | Amount of Each Disbursement this Period 2000.00 2006 Primary Election |
| City Pttsburgh State PA Zip Code 15234 | | |
| Purpose of Disbursement 2006 Primary Election | 011 Category/ Type | |
| Candidate Name Rep. Tim F. Murphy | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Mccotter Congressional Committee | | Transaction ID: 10697518 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 5 |
| Mailing Address P.O. Box 530788 | | Amount of Each Disbursement this Period 1000.00 2006 Primary Election |
| City Livonia State MI Zip Code 48153 | | |
| Purpose of Disbursement 2006 Primary Election | 011 Category/ Type | |
| Candidate Name Rep. Thaddeus G. McCotter | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| 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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 32

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Volunteers For Shimkus | | Transaction ID: 10697524 Date of Disbursement 02 / 23 / 2005 |
| Mailing Address P.O. Box 5458 | | Amount of Each Disbursement this Period 1000.00 |
| City Springfield State IL Zip Code 62705 | Purpose of Disbursement 2006 Primary Election Candidate Name Rep. John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19 | |
| | | 2006 Primary Election |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. John Lewis For Congress | | Transaction ID: 10697531 Date of Disbursement 02 / 23 / 2005 |
| Mailing Address 1520 Pinehurst Drive Sw | | Amount of Each Disbursement this Period 1000.00 |
| City Atlanta State GA Zip Code 30311 | Purpose of Disbursement 2006 Primary Election Candidate Name Rep. John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 5 | |
| | | 2006 Primary Election |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Robert Aderholt For Congress | | Transaction ID: 10697515 Date of Disbursement 02 / 23 / 2005 |
| Mailing Address P. O. Box 1158 940 Hwy 13 | | Amount of Each Disbursement this Period 1000.00 |
| City Haleyville State AL Zip Code 35565 | Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Robert B. Aderholt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 4 | |
| | | 2006 Primary Election |

| | |
|--|-------------|
| 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)

PAGE 31 / 32

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Terry Everett For Congress

Mailing Address P.O. Box 1828

City Dothan State AL Zip Code 36302

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. Terry Everett

Office Sought: House
 Senate
 President

State: AL District: 2

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 10697517

Date of Disbursement

02 / 23 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

34500.00

**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)

PAGE 32 / 32

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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 type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" 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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

interest expense

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Transaction ID: 10788131

Date of Disbursement

/ /

Amount of Each Disbursement this Period

interest expense

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)