

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

X

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

01

2005

through

08

31

2005

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

Type or Print Name of Treasurer

Dr. Gerald Peterson, DPM

Signature of Treasurer

Electronically Filed by Dr. Gerald Peterson, DPM

Date

09

19

2005

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>08 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>08 <sup>D</sup>31 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		284106.18
(b) Cash on Hand at Beginning of Reporting Period .....	384510.65	
(c) Total Receipts (from Line 19) .....	24284.06	315466.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	408794.71	599572.82
<hr/>		
7. Total Disbursements (from Line 31) .....	31791.23	222569.34
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	377003.48	377003.48
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>08 <sup>-</sup>01 <sup>-</sup>2005 To: <sup>M</sup>08 <sup>-</sup>31 <sup>-</sup>2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11000.00	191681.95
(ii) Unitemized .....	13070.00	122315.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	24070.00	313996.95
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24070.00	313996.95
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	214.06	969.69
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)) .....	24284.06	315466.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24284.06	315466.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	234.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	234.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31791.23	222056.57
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	250.00
29. Other Disbursements.....	0.00	27.86
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31791.23	222569.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31791.23	222569.34

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24070.00	313996.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24070.00	313746.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	234.91
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	234.91

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

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

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

11a  11b  11c  12  
13 14 15 16 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) <b>A. Dr. Robert O. McCabe</b>		Date of Receipt M / D / Y Y Y Y 08 / 01 / 2005	
Mailing Address 124 Saratoga Rd.		Transaction ID: 11452877	
City Scotia	State NY	Zip Code 12302-4114	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) <b>B. Dr. Glenn Meyer</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005	
Mailing Address 10812 Convo Ct.		Transaction ID: 11426850	
City Cincinnati	State OH	Zip Code 45242-3201	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. Dr. Brian D. Gale</b>		Date of Receipt M / D / Y Y Y Y 08 / 04 / 2005	
Mailing Address 241 B Coolidge Ave.		Transaction ID: 11420332	
City Bismarck	State ND	Zip Code 58501-2281	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Bernard Coppolelli</b>		Date of Receipt M / D / Y 08 / 05 / 2005
Mailing Address 15 Osprey Dr.		Transaction ID: 11426843
City Coventry	State RI	Zip Code 02816-6820
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 201.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Melchior P. Valore</b>		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address Achilles Podiatry Center 5129 Garfield St		Transaction ID: 11422861
City La Mesa	State CA	Zip Code 91941-5103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Marc Robert Frankel</b>		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 39 Stonehedge Dr.		Transaction ID: 11422860
City Stockholm	State NJ	Zip Code 07480-1101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 299.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert C. Brace</b>		Date of Receipt M / D / Y 08 / 09 / 2005
Mailing Address 2000 N. 8th St.		Transaction ID: 11452421
City McAllen	State TX	Zip Code 78501-2263
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Steven J. Bennett</b>		Date of Receipt M / D / Y 08 / 09 / 2005
Mailing Address 2400 W. 43rd St. Pl.		Transaction ID: 11427005
City Kearney	State NE	Zip Code 68845-1213
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Stephen Michael Connely</b>		Date of Receipt M / D / Y 08 / 09 / 2005
Mailing Address 3236 Randy Rd.		Transaction ID: 11427008
City Lancaster	State PA	Zip Code 17601-1408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael H. Herbst</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 972 Farm Haven Dr.		Transaction ID: 11453291
City Rockville	State MD	Zip Code 20852-4213
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Chris C. Paragoulas</b>		Date of Receipt M / D / Y 08 / 12 / 2005
Mailing Address 30 Bates Dr.		Transaction ID: 11453292
City Nashua	State NH	Zip Code 03064-1701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Edward Fryman</b>		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address 34 Colgate Dr.		Transaction ID: 11453681
City Plainview	State NY	Zip Code 11803-1804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Alan J. Tenczer</b>		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address 7036 W. Howard Ave.		Transaction ID: 11453273
City	State	Zip Code
Niles	IL	60714-3768
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Patrick Ross Crawford</b>		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address P.O. Box 8208		Transaction ID: 11454137
City	State	Zip Code
Amarillo	TX	79114-8208
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Daniel Duane Price</b>		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address 3200 N.E. 30th St.		Transaction ID: 11453682
City	State	Zip Code
Lincoln City	OR	97367-5105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kenneth Wichman</b>		Date of Receipt M / D / Y 08 / 15 / 2005
Mailing Address Manchester Podiatry Center 117 E. Center St.		Transaction ID: 11454139
City Manchester	State CT	Zip Code 06040-5203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles M. Lombardi</b>		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 166-02 12th Rd.		Transaction ID: 11453302
City Beechhurst	State NY	Zip Code 11357-2806
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert L. Potempa</b>		Date of Receipt M / D / Y 08 / 17 / 2005
Mailing Address 1032 Kent		Transaction ID: 11453301
City Park Ridge	State IL	Zip Code 60068-5118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Cary M. Golub</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 19 Melby Ln.		Transaction ID: 11454596
City Roslyn	State NY	Zip Code 11576-2510
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Alan R. Warren</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 4445 Stoneview		Transaction ID: 11454606
City West Bloomfield	State MI	Zip Code 48322-3497
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael D. Allen</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 608 Emmett Creek Ln.		Transaction ID: 11454240
City Lexington	State KY	Zip Code 40515-6088
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Charles S. Churchwell, Jr.</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 7 Stonebriar Way		Transaction ID: 11453683
City Frisco	State TX	Zip Code 75034-5838
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Mark E. Pinker</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address Pinker & Associates 47 Brookwood Ave.		Transaction ID: 11454610
City Carlisle	State PA	Zip Code 17013-9126
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gary S. Kaplan</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 5824 Dunmore Dr.		Transaction ID: 11454601
City West Bloomfield	State MI	Zip Code 48322-1614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Brian A. Dechowite</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 127 Pine St.		Transaction ID: 11454609
City Harrisburg	State PA	Zip Code 17101-1240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Gregory W. Bryan</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address American Foot Health Specialist 2508 Bert Kouns #204		Transaction ID: 11454608
City Shreveport	State LA	Zip Code 71118-6109
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph A. Griseff III</b>		Date of Receipt M / D / Y 08 / 18 / 2005
Mailing Address 120 Russell Rd.		Transaction ID: 11454602
City Albany	State NY	Zip Code 12205-1550
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Eric Ward</b>		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 295D Senna Dr.		Transaction ID: 11454611
City Matthews	State NC	Zip Code 28105-6722
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jerry Lind Hall</b>		Date of Receipt M / D / Y 08 / 10 / 2005
Mailing Address 110 S. Pineview Ave.		Transaction ID: 11456715
City Goldshoro	State NC	Zip Code 27530-5138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Eugene E. Spector</b>		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 1291 Crestview Dr.		Transaction ID: 11456708
City San Carlos	State CA	Zip Code 94070-4237
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joel M. Lerner</b>		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address 4 Wilderness Trl.		Transaction ID: 11455370
City Warren	State NJ	Zip Code 07059-5514
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Carlos F. Smith</b>		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address 2026 W. Hunt Ave.		Transaction ID: 11456705
City Chicago	State IL	Zip Code 60620-5434
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael D. Saldino</b>		Date of Receipt M / D / Y Y Y Y 08 / 22 / 2005
Mailing Address 3708 Pinoak St.		Transaction ID: 11465051
City Texarkana	State TX	Zip Code 75503-1421
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



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

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

FOR LINE NUMBER: PAGE 17 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard Chwastick</b>		Date of Receipt M / D / Y 08 / 24 / 2005
Mailing Address 815 E. Broad St.		Transaction ID: 11480490
City Tamaqua	State PA	Zip Code 18252-2206
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Glenn A. Ocker</b>		Date of Receipt M / D / Y 08 / 25 / 2005
Mailing Address 1729 Eastgate Ave.		Transaction ID: 11465537
City Upland	State CA	Zip Code 91784-9211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Harold B. Gleiman</b>		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 11321 Barger Ter.		Transaction ID: 11469343
City Potomac	State MD	Zip Code 20854-2017
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>850.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joseph C. D'Amico</b>		Date of Receipt M / D / Y 08 / 26 / 2005
Mailing Address 333 W. 57th St.		Transaction ID: 11480503
City New York	State NY	Zip Code 10019-3159
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Alan K. Meuser</b>		Date of Receipt M / D / Y 08 / 28 / 2005
Mailing Address 425 S. Sherrin Ave.		Transaction ID: 11481232
City Louisville	State KY	Zip Code 40207-3817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven B. Epstein</b>		Date of Receipt M / D / Y 08 / 31 / 2005
Mailing Address 1809 Ridgeway Dr.		Transaction ID: 11480407
City Hewlett	State NY	Zip Code 11557-1820
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 10 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Aniello Scotti, Jr. Mailing Address 22 Alcolade Dr. W. <hr/> City State Zip Code Shirley NY 11867-3702 <hr/> FEC ID number of contributing federal political committee. <b>C</b> <hr/> Name of Employer Self-Employed      Occupation Podiatrist Receipt For:      Aggregate Year-to-Date ▼ Primary      General      250.00 Other (specify) ▼	Date of Receipt M / D / Y U / U / Y M / M / Y 08 / 31 / 2005 <hr/> Transaction ID: 11481218 <hr/> Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) .....	250.00
TOTAL This Period (last page this line number only) .....	<b>11000.00</b>

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

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

FOR LINE NUMBER: PAGE 20 / 26

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		MM / DD / YYYY 08 / 31 / 2005
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 11534988
Name of Employer Lagj Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		214.06
Receipt For: Primary          General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1179.76	

SUBTOTAL of Receipts This Page (optional) .....	▶	214.06
TOTAL This Period (last page this line number only) .....	▶	214.06

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 26

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Conrad Burns</b>		Transaction ID: 11425876 Date of Disbursement 08 / 08 / 2005	
Mailing Address P.O. Box 3311		Amount of Each Disbursement this Period 2000.00	
City Billings State MT Zip Code 59103	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Senator Conrad Burns	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: MT District 2		

Full Name (Last, First, Middle Initial) <b>B. Hulshof for Congress</b>		Transaction ID: 11425877 Date of Disbursement 08 / 08 / 2005	
Mailing Address P.O. Box 1621		Amount of Each Disbursement this Period 1000.00	
City Columbia State MO Zip Code 65205	Purpose of Disbursement 2006 Primary Election	011 Category/ Type	2006 Primary Election
Candidate Name Mr. Kenny Hulshof	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: MO District 9		

Full Name (Last, First, Middle Initial) <b>C. Jim Ramstad Volunteer Committee</b>		Transaction ID: 11524548 Date of Disbursement 08 / 10 / 2005	
Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 654.98	
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement (In-Kind) Inkind - 2006 General Election	011 Category/ Type	(In-Kind) Inkind - 2006 General Election
Candidate Name Rep. Jim M. Ramstad	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: MN District 3		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3654.98**

**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 22 / 26

<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. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. Frank Pallone, Jr.

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

State: NJ District 6

011  
Category/  
Type

Transaction ID: 11433757  
Date of Disbursement

08 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

Full Name (Last, First, Middle Initial)  
B. Jim Ramstad Volunteer Committee

Mailing Address 1808 Plymouth Road South #310  
1808 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. Jim M. Ramstad

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

State: MN District 3

011  
Category/  
Type

Transaction ID: 11433651  
Date of Disbursement

08 / 12 / 2005

Amount of Each Disbursement this Period

5000.00

2006 Primary Election

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

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. John N. Boozman

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

State: AR District 3

011  
Category/  
Type

Transaction ID: 11433754  
Date of Disbursement

08 / 12 / 2005

Amount of Each Disbursement this Period

1000.00

2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 26

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Tim Bishop For Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. Timothy Bishop

Office Sought:  House  Senate  President  
State: NY District 1

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

Transaction ID: 11433758  
Date of Disbursement  
08 / 12 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type  
2006 Primary Election

Full Name (Last, First, Middle Initial)  
**B. Friends Of Sherrod Brown**

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
(In-Kind) Inkind - 2006 General Election

Candidate Name  
Rep. Sherrod Brown

Office Sought:  House  Senate  President  
State: OH District 13

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

Transaction ID: 11524550  
Date of Disbursement  
08 / 13 / 2005

Amount of Each Disbursement this Period  
1636.25

011  
Category/  
Type  
(In-Kind) Inkind - 2006  
General Election

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

Mailing Address P.O. Box 1888

City New Britain State CT Zip Code 06050

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. Nancy L. Johnson

Office Sought:  House  Senate  President  
State: CT District 5

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

Transaction ID: 11454984  
Date of Disbursement  
08 / 22 / 2005

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type  
2006 Primary Election

**SUBTOTAL** of Disbursements This Page (optional) ▶ **3636.25**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 26

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Castle Campaign Fund</b>		Transaction ID: 11454983 Date of Disbursement 08 / 22 / 2005	
Mailing Address P.O. Box 133		Amount of Each Disbursement this Period 1000.00	
City Wilmington	State DE	Zip Code 19899	011 Category/ Type 2008 General Election
Purpose of Disbursement 2008 General Election			
Candidate Name Rep. Michael N. Castle			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 General Electio		
State: DE      District: 1			

Full Name (Last, First, Middle Initial) <b>B. Chambliss For Senate</b>		Transaction ID: 11454980 Date of Disbursement 08 / 22 / 2005	
Mailing Address Post Office Box 12469		Amount of Each Disbursement this Period 1000.00	
City Atlanta	State GA	Zip Code 30355	011 Category/ Type 2008 Primary Election
Purpose of Disbursement 2008 Primary Election			
Candidate Name Sen. Saxby Chambliss			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
State: GA      District: 1			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Mike Ferguson</b>		Transaction ID: 11454982 Date of Disbursement 08 / 22 / 2005	
Mailing Address C/D Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 2000.00	
City Colonia	State NJ	Zip Code 07067	011 Category/ Type 2006 Primary Election
Purpose of Disbursement 2006 Primary Election			
Candidate Name Rep. Mike Ferguson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
State: NJ      District: 7			

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

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 26

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

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

Full Name (Last, First, Middle Initial) <b>A. Freedom Fund</b>		Transaction ID: 11454981 Date of Disbursement 08 / 22 / 2005	
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20036	011 Category/ Type
Purpose of Disbursement 2005 Contribution			
Candidate Name		2005 Contribution	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. Searchlight Leadership Fund</b>		Transaction ID: 11458972 Date of Disbursement 08 / 29 / 2005	
Mailing Address 818 Connecticut Ave., NW Suite 1100		Amount of Each Disbursement this Period 2500.00	
City Washington	State DC	Zip Code 20006	011 Category/ Type
Purpose of Disbursement 2005 Contribution			
Candidate Name		2005 Contribution	
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Craig Thomas</b>		Transaction ID: 11472507 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	011 Category/ Type
Purpose of Disbursement 2010 Primary Election			
Candidate Name Craig Thomas		2010 Primary Election	
Office Sought: House X Senate President	Disbursement For: 2010 Primary      General X Other (specify) ▼		
State: WY District 1	2010 Primary Electio		

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **12500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 26

<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. Schwarz For Congress

Mailing Address Post Office Box 2063

City State Zip Code  
Battle Creek MI 49016

Purpose of Disbursement  
2006 Primary Election

Candidate Name  
Rep. John Schwarz, M.D.

Office Sought:  House  
Senate  
President

State: MI District: 7

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

011  
Category/  
Type

Transaction ID: 11472508

Date of Disbursement

08 / 29 / 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) ▶

31791.23