

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 03 01 2005 through 03 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 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**

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:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

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	348107.93									
(c) Total Receipts (from Line 19)	43889.17	144907.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	391997.10	429013.48								
7. Total Disbursements (from Line 31)	31076.98	68093.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	360920.12	360920.12								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
0	3

D	D
3	1

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	24275.00	89689.88
(i) Itemized (use Schedule A)	19464.00	54340.00
(ii) Unitemized	43739.00	144029.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	43739.00	144029.88
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.)	150.17	377.42
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43889.17	144907.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43889.17	144907.30

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.....	1076.98	3565.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1076.98	3565.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	64500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	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))..	31076.98	68093.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31076.98	68093.36

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)	43739.00	144029.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43739.00	144029.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1076.98	3565.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1076.98	3565.50

**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 / 43
	<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

A. Full Name (Last, First, Middle Initial)
Dr. Michael B. Stegman

Mailing Address 7486 E Woodsage Lane

City State Zip Code
Scottsdale AZ 85258-2019

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

Name of Employer
American Foot & Ankle Specialists

Occupation
Podiatric Medicine and Surgery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2005

Transaction ID: 10766018

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Dean Takema Nakadate

Mailing Address 4356 Calle Mejillones

City State Zip Code
San Diego CA 92130-4818

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
03 / 07 / 2005

Transaction ID: 10766023

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard L. Rauch

Mailing Address 1188 Lost Rd.

City State Zip Code
Martinsburg WV 25401-0898

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

Name of Employer
Self Employed

Occupation
Podiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2005

Transaction ID: 10766030

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 / 43
	<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. James A. Fausett		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2005
Mailing Address Eastern Avenue Podiatry Group 3777 S. Pecos-McLeod #103		Transaction ID: 10766040
City Las Vegas State NV Zip Code 89121-4265	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. Seth A. Rubenstein		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2005
Mailing Address 1322 Pavilion Club Way		Transaction ID: 10766041
City Reston State VA Zip Code 20194-1338	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. Julia E. Shauger		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2005
Mailing Address 19732 Schoolhouse		Transaction ID: 10766042
City New Lenox State IL Zip Code 60451-7313	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)	1000.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. T. Todd Horak

Mailing Address 19732 Schoolhouse Rd.

City State Zip Code
New Lenox IL 60451-7313

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2005

Transaction ID: 10766043

Amount of Each Receipt this Period
250.00

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

Mailing Address 1715 Cameo

City State Zip Code
Eugene OR 97405-5897

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2005

Transaction ID: 10766731

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Brian G. Holcomb

Mailing Address 3454 Green Apple Rd.

City State Zip Code
Gainesville GA 30506-4121

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 Y
03 / 07 / 2005

Transaction ID: 10769960

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<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. Steven L. Ginex		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2005	
Mailing Address 77685 Justin Ct.		Transaction ID: 10770244	
City State Zip Code Palm Desert CA 92211-6238	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. Thomas S. Godfryd		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005	
Mailing Address 4988 Heather Point		Transaction ID: 10776955	
City State Zip Code Birmingham AL 35242-3950	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 ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Dr. Thomas S. Godfryd		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2005	
Mailing Address 4988 Heather Point		Transaction ID: 10776956	
City State Zip Code Birmingham AL 35242-3950	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 ▼ 1500.00		

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 10 / 43
	<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 D. Ruff		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2005	
Mailing Address 6801 N. Ruff Ln.		Transaction ID: 10778778	
City Peoria	State IL	Zip Code 61614-2843	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. Garry W. Neltner		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2005	
Mailing Address 3117 Hudnall Ln.		Transaction ID: 10778780	
City Edgewood	State KY	Zip Code 41017-2320	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. Steve Michael Block		Date of Receipt M M / D D / Y Y Y Y Y 03 / 11 / 2005	
Mailing Address 4421 Oakhurst Bend		Transaction ID: 10778781	
City Owensboro	State KY	Zip Code 42303-4441	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		

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 11 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas S. Miller

Mailing Address Podiatry Associates
1084 S. Ribaut Rd. #A

City Beaufort State SC Zip Code 29902-5437

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2005

Transaction ID: 10778782

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen D. Lasday

Mailing Address W. Coast Podiatry Center
1611 53rd Ave. W.

City Bradenton State FL Zip Code 34207-2868

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2005

Transaction ID: 10778783

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jesse Plasencia

Mailing Address 1906 Springside Dr.

City Plainfield State IL Zip Code 60586-4258

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2005

Transaction ID: 10778784

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 43
	<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. Daniel Girardi

Mailing Address 150 E. Sunrise Hwy. #L24

City Lindenhurst State NY Zip Code 11757-2502

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
03 / 10 / 2005

Transaction ID: 10789111

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles E. Keenan, Jr.

Mailing Address 1590 3rd Ave. S.E.

City Le Mars State IA Zip Code 51031-2763

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
03 / 11 / 2005

Transaction ID: 10789112

Amount of Each Receipt this Period
250.00

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

Mailing Address 40 Greenwood Dr.

City Millburn State NJ Zip Code 07041-1448

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
03 / 16 / 2005

Transaction ID: 10793601

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 13 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael J. Kelley		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2005	
Mailing Address 2 Gibraltar		Transaction ID: 10793673	
City Rockford	State MI	Amount of Each Receipt this Period 300.00	
Zip Code 49341-7703			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Thomas S. Murray		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2005	
Mailing Address 10812 S.E. 3rd St.		Transaction ID: 10793681	
City Midwest City	State OK	Amount of Each Receipt this Period 250.00	
Zip Code 73130-5104			
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. Raymond Posa		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2005	
Mailing Address 104 Casino Dr.		Transaction ID: 10793683	
City Farmingdale	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 07727-3702			
FEC ID number of contributing federal political committee. C			
Name of Employer R. Francis Associates	Occupation		
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) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<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. Kristin K. Titko

Mailing Address 11092 Allenhurst Blvd.

City State Zip Code
Cincinnati OH 45241

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
03 / 16 / 2005

Transaction ID: 10793689

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Hal Ornstein

Mailing Address 5 Amanda Ln.

City State Zip Code
Howell NJ 07731-8941

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
03 / 16 / 2005

Transaction ID: 10793690

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas Charles Melillo

Mailing Address 22862 S.W. Saunders Dr.

City State Zip Code
Sherwood OR 97140-8236

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
03 / 16 / 2005

Transaction ID: 10793691

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<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. William N. McCann

Mailing Address 18 Jonathan Ln.

City Bow State NH Zip Code 03304-3713

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
 03 / 16 / 2005

Transaction ID: 10793692

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. John V. Guiliiana

Mailing Address 488 Schooleys Mountian Rd. #1B

City Hackettstown State NJ Zip Code 07840-4001

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2005

Transaction ID: 10793694

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Laura J. Pickard

Mailing Address Norridge Foot Clinic
7325 W. Irving Park Rd.

City Chicago State IL Zip Code 60634-3547

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2005

Transaction ID: 10793696

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 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Brad A. Toll		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 2411 Crofton Ln. #25		Transaction ID: 10793699
City State Zip Code Crofton MD 21114-1304	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) B. Dr. Thomas J. Ortenzio		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 2315 Freysville Rd.		Transaction ID: 10793701
City State Zip Code Red Lion PA 17356-8263	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. Michael B. Thompson		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2005
Mailing Address 201 68th Pl.		Transaction ID: 10793702
City State Zip Code Kenosha WI 53143-5137	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	

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 17 / 43
	<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. Joshua Gerbert

Mailing Address 16 Fairview

City State Zip Code
Corte Madera CA 94925-1639

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 Y
03 / 16 / 2005

Transaction ID: 10793706

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. William S. Lynde

Mailing Address 1568 Doe Trail Ln.

City State Zip Code
Yardley PA 19067-4054

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 Y
03 / 17 / 2005

Transaction ID: 10795228

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Christopher Brennan Wieting

Mailing Address 1910 Deer Park Ave.

City State Zip Code
Louisville KY 40205-1202

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 Y
03 / 20 / 2005

Transaction ID: 10799567

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 18 / 43
	<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. Howard G. Osterman

Mailing Address 7512 Flamewood Dr.

City State Zip Code
Clarksville MD 21029-1824

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 Y
03 / 21 / 2005

Transaction ID: 10799851

Amount of Each Receipt this Period
250.00

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

Mailing Address 29 Glen Crest Dr.

City State Zip Code
Arden NC 28704-3025

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 Y
03 / 17 / 2005

Transaction ID: 10803452

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Donald D. Yoder

Mailing Address 3010 W. Central

City State Zip Code
Wichita KS 67203-4910

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 17 / 2005

Transaction ID: 10803453

Amount of Each Receipt this Period
300.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<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. John P. Calcaterra

Mailing Address Birmingham Podiatry
2012 8th Ct. S.

City Birmingham State AL Zip Code 35205-2799

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2005

Transaction ID: 10803459

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Neil J. Kanner

Mailing Address 1840 Lippincott Rd.

City Huntingdon Valley State PA Zip Code 19006-7925

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2005

Transaction ID: 10803460

Amount of Each Receipt this Period
250.00

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

Mailing Address 10008 Indian Walk Dr.

City Cincinnati State OH Zip Code 45241-3507

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2005

Transaction ID: 10803461

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 20 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Marc Weitzman		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2005	
Mailing Address 10425 Kingston		Transaction ID: 10803471	
City State Zip Code Huntington Woods MI 48070-1113	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) B. Dr. Jeffrey Frederick		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2005	
Mailing Address 17333 W. 10 Mile Rd.		Transaction ID: 10803475	
City State Zip Code Southfield MI 48075-2901	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. Gary S. Saphire		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2005	
Mailing Address 248 Avenue P		Transaction ID: 10803483	
City State Zip Code Brooklyn NY 11204-4934	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		

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 21 / 43
	<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. Kevin William Lutz		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2005	
Mailing Address 5285 Aryshire Dr.		Transaction ID: 10803485	
City State Zip Code Dublin OH 43017-8213	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Nancy A. Kaplan		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2005	
Mailing Address 52 Pitt Rd.		Transaction ID: 10803488	
City State Zip Code Springfield NJ 07081-2634	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Michael Tritto		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2005	
Mailing Address 14409 White Tree Pl.		Transaction ID: 10803495	
City State Zip Code North Potomac MD 20878-4354	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 22 / 43
	<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. David C. Novicki		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2005
Mailing Address 403 Northwood Dr.		Transaction ID: 10803498
City State Zip Code Orange CT 06477-1051	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) B. Dr. Paul M. Greenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2005
Mailing Address 101 Puritan Dr.		Transaction ID: 10808698
City State Zip Code Scarsdale NY 10583-6839	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Lawrence Plotkin		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005
Mailing Address 2219 North Ave. #5		Transaction ID: 10832224
City State Zip Code Scotch Plains NJ 07076-4540	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	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Marc R. Bernbach

Mailing Address 126 Burr Hall Rd.

City Middlebury State CT Zip Code 06762-1403

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2005

Transaction ID: 10832228

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas Neuman

Mailing Address 11861 Killimore Ave.

City Northridge State CA Zip Code 91326-1937

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2005

Transaction ID: 10832238

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Debra B. Klein

Mailing Address 4 Sandringham Ter.

City Cherry Hill State NJ Zip Code 08003-1534

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2005

Transaction ID: 10832239

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: PAGE 24 / 43
(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

A. Full Name (Last, First, Middle Initial)
Dr. Carlton G. Purvis

Mailing Address 309 Old Coach Rd.

City State Zip Code
Rocky Mount NC 27804-2134

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	5

Transaction ID: 10832240

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. R. Daniel Davis

Mailing Address 450 Clement Ln.

City State Zip Code
Orange CT 06477-2803

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	5

Transaction ID: 10832246

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Kevan R. Kreitman

Mailing Address 30160 Mayfair

City State Zip Code
Farmington Hills MI 48331-2156

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

Name of Employer Self Employed Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	5

Transaction ID: 10832249

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 43
	<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. Jimmy L. Gregory

Mailing Address 4319 Covington Hwy. #115

City State Zip Code
Decatur GA 30035-1206

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2005

Transaction ID: 10832761

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael S. Downey

Mailing Address 165 Pheasant Fields Ln

City State Zip Code
Moorestown NJ 08057-1431

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2005

Transaction ID: 10832762

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. James Wayne Ratcliff

Mailing Address Samaritan Family Practice
2460 Samaritan Dr.

City State Zip Code
San Jose CA 95124-3907

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 21 / 2005

Transaction ID: 10832799

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 26 / 43
	<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. Robert E. Sherman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2005	
Mailing Address 4640 Main St.		Transaction ID: 10832802	
City State Zip Code Stratford CT 06614-3634	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Matthew J. Thompson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2005	
Mailing Address 4935 White Oak Dr.		Transaction ID: 10832809	
City State Zip Code Lumberton NC 28358-2187	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Thomas G. Rogers		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2005	
Mailing Address Central UT Foot & Ankle Clinic 150 W. 800 N.		Transaction ID: 10832815	
City State Zip Code Provo UT 84601-1624	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	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 27 / 43
	<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. Mark F. Rogers

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

City Provo State UT Zip Code 84601-1624

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
03 / 21 / 2005

Transaction ID: 10832816

Amount of Each Receipt this Period
250.00

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

Mailing Address 372 Laurel St.

City Morgantown State WV Zip Code 26505-3223

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
03 / 21 / 2005

Transaction ID: 10832823

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Gerard J. Busch

Mailing Address 325 E. Broadway

City Osseo State MN Zip Code 55369-1527

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
03 / 22 / 2005

Transaction ID: 10832833

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 28 / 43
	<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. Jack A. Koch

Mailing Address 2937 Cardamon Ln.

City Fullerton State CA Zip Code 92835-4307

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2005

Transaction ID: 10832842

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas V. Johnson

Mailing Address 289 Main St.

City Suffield State CT Zip Code 06078-1332

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2005

Transaction ID: 10846807

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Howard W. Harinstein

Mailing Address 21 Dell Cir.

City Trumbull State CT Zip Code 06611-2308

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2005

Transaction ID: 10846808

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 29 / 43
	<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. Carol A. Callahan		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2005	
Mailing Address 40 Samp Mortar Dr.		Transaction ID: 10846809	
City Fairfield	State CT	Amount of Each Receipt this Period 250.00	
Zip Code 06824-2462		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 ▼ 350.00			

Full Name (Last, First, Middle Initial) B. Dr. William Scott Newcomb		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2005	
Mailing Address 248 Potomac Rd.		Transaction ID: 10846814	
City Wilmington	State DE	Amount of Each Receipt this Period 250.00	
Zip Code 19803-3121		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. Anthony P. Tocco		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2005	
Mailing Address 700 Riverside Dr.		Transaction ID: 10847148	
City Ormond Beach	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 32176-7814		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Podiatrist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 43
	<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. Daniel L. Bangart		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2005
Mailing Address 7060 W. Surrey		Transaction ID: 10847153
City State Zip Code Peoria AZ 85381-5014	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) B. Dr. Joseph Ryan Treadwell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2005
Mailing Address 15 Lantern Ct.		Transaction ID: 10847193
City State Zip Code Farmington CT 06032-3333	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. Jeffrey S. Kahn		Date of Receipt M M / D D / Y Y Y Y Y 03 / 25 / 2005
Mailing Address 63 Murphy Dr.		Transaction ID: 10847199
City State Zip Code Rocky Hill CT 06067-1865	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 43
	<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. Mark B. Safer

Mailing Address 3165 Gilbert Ridge Rd.

City State Zip Code
West Bloomfield MI 48322-1836

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 25 / 2005

Transaction ID: 10847201

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kevin Holton

Mailing Address 2805 Jasmine Ct.

City State Zip Code
Saint Cloud MN 56301-9467

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2005

Transaction ID: 10848496

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Edward F. Cosentino

Mailing Address 3087 Olde Winter Trl.

City State Zip Code
Poland OH 44514-2871

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

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2005

Transaction ID: 10898168

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	850.00
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 32 / 43
	<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. Craig McLaws

Mailing Address The Foot Care Center
132 N. Gould

City State Zip Code
Sheridan WY 82801-3055

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2005

Transaction ID: 10898170

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Dr. Lynn LeBlanc

Mailing Address 12 Trevor Ln.

City State Zip Code
East Granby CT 06026-9667

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

Name of Employer Self Employed Occupation Podiatrist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 10898187

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Louis M. Sempek

Mailing Address 5804 S. 171st St.

City State Zip Code
Omaha NE 68135-2273

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2005

Transaction ID: 10898197

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)	▶	975.00
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 33 / 43
	<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. Barry Saffran		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address 5949 Farview Woods Dr.		Transaction ID: 10901779	
City State Zip Code Fairfax Station VA 22039-1426	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Mark E. Pinker		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address Pinker & Associates 47 Brookwood Ave.		Transaction ID: 10901782	
City State Zip Code Carlisle PA 17013-9126	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Ernest J. Hook		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2005	
Mailing Address 9861 Inwood Rd.		Transaction ID: 10901792	
City State Zip Code Folsom CA 95630-1913	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	24275.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 34 / 43	
	(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 ▼ 377.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	5

Transaction ID: 10913534

Amount of Each Receipt this Period

150.17

interest income

SUBTOTAL of Receipts This Page (optional)	▶	150.17
TOTAL This Period (last page this line number only)	▶	150.17

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 43

<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: 12780310 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 4.08
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: 12780318 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 19.40
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) C. Wachovia Bank, N.A.		Transaction ID: 12780319 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 370.62
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) ▶	394.10
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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: 12780322 Date of Disbursement MM / DD / YYYY 03 / 02 / 2005
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 562.91
City Charlotte State NC Zip Code 28262-3966	Bank Fees	
Purpose of Disbursement Bank Fees Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Wachovia Bank, N.A.		Transaction ID: 12780323 Date of Disbursement MM / DD / YYYY 03 / 07 / 2005
Mailing Address NC8502 PO Box 563966		Amount of Each Disbursement this Period 119.29
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. Investment Account		Transaction ID: 10913566 Date of Disbursement MM / DD / YYYY 03 / 31 / 2005
Mailing Address		Amount of Each Disbursement this Period 0.68
City State Zip Code	interest expense	
Purpose of Disbursement interest expense 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)	682.88
TOTAL This Period (last page this line number only)	1076.98

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

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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. Virginia Foxx For Congress		Transaction ID: 10752160 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 5
Mailing Address 11468 Hwy 105		Amount of Each Disbursement this Period 1500.00
City Banner Elk State NC Zip Code 28604	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Virginia Foxx		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Mike Ferguson		Transaction ID: 10762743 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 5
Mailing Address C/O Ron Gravino P.O. Box 225		Amount of Each Disbursement this Period 1000.00
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 State: NJ District: 7	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ben Cardin For Congress		Transaction ID: 10788179 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address 100 E. Pratt Street 26th Floor		Amount of Each Disbursement this Period 1000.00
City Baltimore State MD Zip Code 21202	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Benjamin L. Cardin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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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. Simpson For Congress		Transaction ID: 10788394 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address 1487 Parkway Drive		Amount of Each Disbursement this Period 1000.00
City Blackfoot State ID Zip Code 83221	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Michael K. Simpson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Carolyn Mccarthy		Transaction ID: 10788393 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 1000.00
City Mineola State NY Zip Code 11501	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Carolyn McCarthy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 4	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kyl for Senate		Transaction ID: 10788540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address POST OFFICE BOX 10246		Amount of Each Disbursement this Period 2500.00
City Phoenix State AZ Zip Code 85064	011 Category/ Type 2006 Primary Election	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(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. Boozman For Congress		Transaction ID: 10788400 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address PO Box 671		Amount of Each Disbursement this Period 1000.00
City Rogers State AR Zip Code 72757	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. John N. Boozman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 3	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. Michael Burgess For Congress		Transaction ID: 10788271 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76202	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. Michael C. Burgess, M.D.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	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. Dutch Ruppertsberger For Congress		Transaction ID: 10788397 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address 22 West Padonia Road Suite A307		Amount of Each Disbursement this Period 1000.00
City Timonium State MD Zip Code 21093	011 Category/ Type	
Purpose of Disbursement 2006 Primary Election		
Candidate Name Rep. C.A. Dutch Ruppertsberger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	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

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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. Van Hollen For Congress		Transaction ID: 10788537 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5	
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 2500.00	
City Kenington State MD Zip Code 20895	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Chris Van Hollen	011 Category/ Type 2006 Primary Election	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Doyle For Congress Committee		Transaction ID: 10788391 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5	
Mailing Address 2227 Hampton Street		Amount of Each Disbursement this Period 1000.00	
City Pittsburgh State PA Zip Code 15218	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Michael F. Doyle	011 Category/ Type 2006 Primary Election	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Promoting Republicans You Can Elect Project		Transaction ID: 10788390 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 5	
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 1500.00	
City Wahington State DC Zip Code 20036	Purpose of Disbursement Contribution to PRYCE PROJECT Candidate Name	011 Category/ Type Contribution to PRYCE PRO- JECT	
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) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Pallone For Congress		Transaction ID: 10819776 Date of Disbursement 03 / 22 / 2005	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2500.00	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 2006 Primary Election

Full Name (Last, First, Middle Initial) B. Ted Strickland For Congress		Transaction ID: 10832727 Date of Disbursement 03 / 25 / 2005	
Mailing Address 795 Luther Road PO Box 255		Amount of Each Disbursement this Period 1000.00	
City Minford State OH Zip Code 45653	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Ted Strickland Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 2006 Primary Election

Full Name (Last, First, Middle Initial) C. Congressman Joe Barton Committee, The		Transaction ID: 10832724 Date of Disbursement 03 / 25 / 2005	
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 2000.00	
City Ennis State TX Zip Code 75120	Purpose of Disbursement 2006 Primary Election Candidate Name Rep. Joe L. Barton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 6	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011 2006 Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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. Virgil Goode for Congress		Transaction ID: 10832726 Date of Disbursement 03 / 25 / 2005	
Mailing Address 125 Orchard Avenue		Amount of Each Disbursement this Period 1000.00	
City Rocky Mount State VA Zip Code 24151	Purpose of Disbursement 2006 Primary Election Candidate Name Mr. Virgil H. Goode, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 5	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 2006 Primary Election

Full Name (Last, First, Middle Initial) B. Friends of Roger Wicker		Transaction ID: 10832725 Date of Disbursement 03 / 25 / 2005	
Mailing Address P.O. Box 874		Amount of Each Disbursement this Period 1000.00	
City Tupelo State MS Zip Code 38802	Purpose of Disbursement 2006 Primary Election Candidate Name Mr. Roger Wicker Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011 2006 Primary Election

Full Name (Last, First, Middle Initial) C. The Hawkeye PAC		Transaction ID: 10832729 Date of Disbursement 03 / 25 / 2005	
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 1500.00	
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 2006 Candidate Name 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) ▼	Category/Type 011 2006

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)
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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. John D. Dingell For Congress Committee

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

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Primary Election

Candidate Name
Rep. John D. Dingell

Office Sought: House
 Senate
 President

State: MI District: 15

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: 10898224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2006 Primary Election

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)