

# 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 07 01 2006 through 07 31 2006

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

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

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 08 17 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		279280.76
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	240251.95									
(c) Total Receipts (from Line 19) .....	18150.19	232263.19								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	258402.14	511543.95								
7. Total Disbursements (from Line 31) .....	15158.54	268300.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	243243.60	243243.60								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7875.00	142683.86
(i) Itemized (use Schedule A) .....	9037.00	86388.36
(ii) Unitemized .....	16912.00	229072.22
(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) .....	16912.00	229072.22
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 .....	1000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	238.19	1190.97
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)) .....	18150.19	232263.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18150.19	232263.19

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	428.54	5950.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	428.54	5950.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14730.00	261599.77
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	750.00
(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	750.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15158.54	268300.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	15158.54	268300.35

**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) .....	16912.00	229072.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16912.00	228322.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	428.54	5950.58
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	428.54	5950.58

**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 / 21
	<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. Jason A. Weiland

Mailing Address 106 3rd St. S.W.

City State Zip Code  
Watertown SD 57201-4238

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  
07 / 03 / 2006

**Transaction ID: 12775789**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Howard Ludwig Schultheiss

Mailing Address 437 S. Main St.

City State Zip Code  
Bel Air MD 21014-3919

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  
07 / 07 / 2006

**Transaction ID: 12775840**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brian L. Gates

Mailing Address 631 Hawthorne Dr.

City State Zip Code  
Hollidaysburg PA 16648-2257

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  
07 / 07 / 2006

**Transaction ID: 12775841**

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<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. Thomas M. Domanick

Mailing Address 45 Gatehouse Rd.

City State Zip Code  
Trumbull CT 06611-1610

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  
07 / 10 / 2006

**Transaction ID:** 12776402

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Eric W. Nelson

Mailing Address 17466 Almond Rd.

City State Zip Code  
Castro Valley CA 94546-1262

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  
07 / 10 / 2006

**Transaction ID:** 12776408

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James M. Flynn

Mailing Address 10218 Mantle Ct.

City State Zip Code  
Oklahoma City OK 73162-4437

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  
07 / 11 / 2006

**Transaction ID:** 12776420

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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. Gordon S. Hamblin

Mailing Address 8290 Morro Rd.

City State Zip Code  
Atascadero CA 93422-3954

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  
07 / 11 / 2006

**Transaction ID: 12776423**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Keith A. Turlington

Mailing Address 10000 Watson Rd. #2R

City State Zip Code  
Saint Louis MO 63126-1854

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  
07 / 12 / 2006

**Transaction ID: 12776424**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kirk Geter

Mailing Address 2041 Georgia Ave. N.W.

City State Zip Code  
Washington DC 20060-0001

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  
07 / 12 / 2006

**Transaction ID: 12776426**

Amount of Each Receipt this Period  
500.00

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<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. Craig S. Garfalo

Mailing Address 61 Marilyn

City State Zip Code  
Stockton CA 95207-2836

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  
07 / 13 / 2006

**Transaction ID: 12776429**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary J. Hoberman

Mailing Address 4201 Davis

City State Zip Code  
Skokie IL 60076-1601

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  
07 / 17 / 2006

**Transaction ID: 12785744**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Samir S. Vakil

Mailing Address 401 B EAAST OLYMPIA AVE.

City State Zip Code  
Punta Gorda FL 33950

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

Name of Employer Foot & Ankle Centers of Charlotte 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  
07 / 23 / 2006

**Transaction ID: 12790355**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Randy K. Kaplan		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2006
Mailing Address 6578 Post Oak Dr.		<b>Transaction ID:</b> 12791125
City State Zip Code West Bloomfield MI 48322-3830	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Thomas V. Melillo		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 438 Berwick Cir.		<b>Transaction ID:</b> 12791326
City State Zip Code Aurora OH 44202-8560	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer OH College of Pod. Med.	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>C.</b> Dr. Billy B. Westbrook		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2006
Mailing Address 11739 Hwy. 80 W.		<b>Transaction ID:</b> 12791327
City State Zip Code Hallsville TX 75650-5320	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<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. Timothy John Siegfried

Mailing Address 10107 E. 94th St. N.

City State Zip Code  
Owasso OK 74055-6838

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  
07 / 21 / 2006

**Transaction ID:** 12791329

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Laura A. Lloyd

Mailing Address Pamlico Podiatry Associates, P.A.  
403 W. 15th St.

City State Zip Code  
Washington NC 27889-3524

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

Name of Employer Pamlico Podiatry Associates, P.A. Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

**Transaction ID:** 12795749

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kimberly Marie Eickmeier

Mailing Address 4701 Brittany Trail Dr.

City State Zip Code  
Champaign IL 61822-3549

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

Name of Employer Christie Clinic Associates Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

**Transaction ID:** 12795752

Amount of Each Receipt this Period  
275.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>825.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<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. William M. Jenkin

Mailing Address 130 Nadina Way

City State Zip Code  
Greenbrae CA 94904-1131

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

Name of Employer Parnassus Heights Podiatry Group  
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  
07 / 26 / 2006

Transaction ID: 12795753

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Steve Michael Block

Mailing Address 4421 Oakhurst Bend

City State Zip Code  
Owensboro KY 42303-4441

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  
07 / 26 / 2006

Transaction ID: 12795755

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard M. Hofacker

Mailing Address 50 Sand Run Rd.

City State Zip Code  
Akron OH 44313-6200

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  
07 / 26 / 2006

Transaction ID: 12795756

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert D. Leisten

Mailing Address 2620 Nottingham Blvd.

City State Zip Code  
Houston TX 77005-2420

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  
07 / 26 / 2006

**Transaction ID: 12795819**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael J. Burns

Mailing Address P.O. Box 122

City State Zip Code  
Bellvue CO 80512-0122

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

Name of Employer Foot Care Center Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

**Transaction ID: 12795820**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles D. Anderson

Mailing Address 306 Chautauqua Ave.

City State Zip Code  
Norman OK 73069-5504

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

Name of Employer Anderson Foot & Ankle Clinic Occupation  
Podiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

**Transaction ID: 12795822**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 21
	<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. Charles P. Chapel

Mailing Address 6561 Pine Meadows Dr.

City State Zip Code  
Spring Hill FL 34606-3346

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  
07 / 26 / 2006

Transaction ID: 12795992

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James W. Stavosky

Mailing Address 1201 Vancouver Ave.

City State Zip Code  
Burlingame CA 94010-5669

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  
07 / 27 / 2006

Transaction ID: 12802895

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth Wichman

Mailing Address Manchester Podiatry Center  
117 E. Center St.

City State Zip Code  
Manchester CT 06040-5203

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

Name of Employer Manchester Podiatry Center 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  
07 / 31 / 2006

Transaction ID: 12838498

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7875.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 21
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" 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)  
Johnson For Congress Committee

Mailing Address P.O. Box 1986

City State Zip Code  
New Britain CT 06050

FEC ID number of contributing federal political committee. **C** C00145607

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	6

**Transaction ID:** 12822903

Amount of Each Receipt this Period  
1000.00

Refund Of Contribution to Federal Candidate

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 16 / 21	
	(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"/> 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)  
Citigroup Global Markets, Inc.

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 ▼ 1190.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	6

**Transaction ID: 12850596**

Amount of Each Receipt this Period

238.19
--------

Interest/Investment Income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	238.19
<b>TOTAL</b> This Period (last page this line number only) .....	▶	238.19



**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 17 / 21

<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.** Citigroup Global Markets, Inc.

Mailing Address 100 Light St., 19th Floor

City Baltimore State MD Zip Code 21202-1036

Purpose of Disbursement  
Interest Expense

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 12850598

Date of Disbursement

07 / 31 / 2006

Amount of Each Disbursement this Period

428.54

Interest Expense

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

428.54

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

428.54

**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 18 / 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Bilirakis For Congress</b>		Transaction ID: 12771303 Date of Disbursement 07 / 12 / 2006	
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 2000.00	
City Tampa State FL Zip Code 33606	Purpose of Disbursement 011 Category/ Type		
Candidate Name Mr. Gus Bilirakis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) <b>B. Louise Slaughter Re-Election Committee</b>		Transaction ID: 12780957 Date of Disbursement 07 / 18 / 2006	
Mailing Address P.O. Box 366 C/O C. Bruce Lawrence		Amount of Each Disbursement this Period 1000.00	
City Fairport State NY Zip Code 14450	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Louise McIntosh Slaughter			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

Full Name (Last, First, Middle Initial) <b>C. Friends of Joe Lieberman</b>		Transaction ID: 12780976 Date of Disbursement 07 / 18 / 2006	
Mailing Address PO BOX 231294 State House Square		Amount of Each Disbursement this Period 1000.00	
City Stae House State CT Zip Code 06123	Purpose of Disbursement 011 Category/ Type		
Candidate Name Joseph I. Lieberman			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Heather Wilson For Congress</b>		<b>Transaction ID: 12780955</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 14070 P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87191		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pryce For Congress</b>		<b>Transaction ID: 12780974</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 2730.00
City Columbus State OH Zip Code 43215		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Issa For Congress</b>		<b>Transaction ID: 12780973</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address P O Box 760		Amount of Each Disbursement this Period 1000.00
City Vista State CA Zip Code 92085		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Darrell E. Issa		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4730.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Defazio For Congress</b>		<b>Transaction ID:</b> 12780971 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 1316		Amount of Each Disbursement this Period 1000.00
City Springfield	State OR	
Zip Code 97477		
Purpose of Disbursement		
Candidate Name Rep. Peter A. DeFazio		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR District: 4		

Full Name (Last, First, Middle Initial) <b>B. Eureka PAC</b>		<b>Transaction ID:</b> 12780952 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address c/o Ekiphany Productions 104 Hume Ave.		Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	
Zip Code 22301		
Purpose of Disbursement 2006 Contribution		
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		2006 Contribution

Full Name (Last, First, Middle Initial) <b>C. Lucas For Congress</b>		<b>Transaction ID:</b> 12780959 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address Post Office Box 1726		Amount of Each Disbursement this Period 1000.00
City Oklahoma City	State OK	
Zip Code 73101		
Purpose of Disbursement		
Candidate Name Rep. Frank Lucas		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	
State: OK District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Shelley Moore Capito For Congress</b>		<b>Transaction ID: 12780975</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address P.O. Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25339	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Shelley Capito		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Barrow</b>		<b>Transaction ID: 12780963</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 8166		Amount of Each Disbursement this Period 1000.00
City Savannah State GA Zip Code 31412	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Barrow		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	

Full Name (Last, First, Middle Initial) <b>C. Mel Watt For Congress Committee</b>		<b>Transaction ID: 12780961</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 6
Mailing Address PO Box 36831		Amount of Each Disbursement this Period 1000.00
City Charlotte State NC Zip Code 28236	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Melvin Watt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>14730.00</b>