

**FEC  
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

X Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

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

2004

through

03

31

2004

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

04

14

2004

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

Office Use Only

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>03 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>M</sup> <sup>D</sup>		396695.75
(b) Cash on Hand at Beginning of Reporting Period .....	426720.50	
(c) Total Receipts (from Line 19) .....	44056.93	118706.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	472777.43	515401.83
7. Total Disbursements (from Line 31) .....	54500.00	97124.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	416277.43	416277.43
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>03 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	24200.00	
(ii) Unitemized .....	16485.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	40685.00	107319.00
(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) .....	40685.00	107319.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3371.93	11387.08
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)) .....	44056.93	118706.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44056.93	118706.08

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	124.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	124.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	97000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54500.00	97124.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	54500.00	97124.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	40685.00	107319.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40685.00	107319.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	124.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	124.40

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

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

FOR LINE NUMBER: PAGE 6 / 48

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ronald J. Saliba</b>		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 2405 Prospect Ave.		Transaction ID: 9535532
City Spring Lake	State NJ	Zip Code 07762-1737
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period -500.00
Name of Employer Self-Employed	Occupation Podiatrist	Correction for error in reporting corporate donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul H. Schwarzenbraub</b>		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address P.O. Box 84457		Transaction ID: 8345303
City Lubbock	State TX	Zip Code 79464-4457
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Alan J. Decort</b>		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 11571 N. 99th St.		Transaction ID: 8345283
City Scottsdale	State AZ	Zip Code 85260-6030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Family Foot & Ankle Care P.C.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>0.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 48

(check only one)

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13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. William J. Miller		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 7208 Gold Grove		Transaction ID: 9345285
City Darien	State IL	Zip Code 60561-3562
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. D. Hugh Fraser		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 29 Nielson Rd		Transaction ID: 9535549
City Cody	State WY	Zip Code 82414-9101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period -250.00
Name of Employer Big Horn Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 0.00
Receipt For: Primary General Other (specify) ▼		

Correction for error in reporting corporate donation

Full Name (Last, First, Middle Initial) C. Dr. Louis M. Sampak		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 5804 S. 171st St.		Transaction ID: 9345307
City Omaha	State NE	Zip Code 68135-2273
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
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 8 / 48

(check only one)

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13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Nicholas I. Sol</b>		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 1625 Medical Center Point #215		Transaction ID: 9535540
City	State	Zip Code
Colorado Springs	CO	80907-5798
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period -250.00
Name of Employer The Walking Clinic P.C.	Occupation Podiatrist	Correction for error in reporting corporate donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael W. Heeslet</b>		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 4950 Barranca Pkwy. #308		Transaction ID: 9535545
City	State	Zip Code
Irvine	CA	92604-4631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period -300.00
Name of Employer Self-Employed	Occupation Podiatrist	Correction for error in reporting corporate donation
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Patrick A. McShane</b>		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 3414 S. Hall		Transaction ID: 9345288
City	State	Zip Code
Springfield	MO	65804-4800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 48

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Evelyn Cloud</b>		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 8211 Mar Del Plata St. E.		Transaction ID: 9345286
City Jacksonville	State FL	Zip Code 32256-7349
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Karl L. Magrini</b>		Date of Receipt M / D / Y 03 / 01 / 2004
Mailing Address 8917 S. 30th		Transaction ID: 9345286
City Fort Smith	State AR	Zip Code 72908-8967
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Foot Health Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Cyril M. Gostich</b>		Date of Receipt M / D / Y 03 / 02 / 2004
Mailing Address 1401 S. Labrucherie #17		Transaction ID: 8311287
City El Centro	State CA	Zip Code 92243-3677
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 40

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Christian A. Robertozi</b>		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 43 Douma Dr.		Transaction ID: 9332024
City Newton	State NJ	Zip Code 07860-1558
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Eric W. Nelson</b>		Date of Receipt M / D / Y 03 / 04 / 2004
Mailing Address 17466 Almond Rd.		Transaction ID: 9345502
City Castro Valley	State CA	Zip Code 94546-1262
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Charles M. Lombard</b>		Date of Receipt M / D / Y 03 / 04 / 2004
Mailing Address 186-02 12th Rd.		Transaction ID: 9345487
City Beechhurst	State NY	Zip Code 11357-2808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Troy James Boffel</b>		Date of Receipt M / D / Y Y Y Y 03 / 04 / 2004
Mailing Address 284B Town Lake Dr.		Transaction ID: 9345503
City	State	Zip Code
Woodbury	MN	55125-8702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Patrick W. Mullan</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004
Mailing Address 8319 N. Fresno St. #105		Transaction ID: 9345522
City	State	Zip Code
Fresno	CA	93710-5281
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gary W. Nelner</b>		Date of Receipt M / D / Y Y Y Y 03 / 05 / 2004
Mailing Address 3117 Hudnall Ln.		Transaction ID: 9345525
City	State	Zip Code
Edgewood	KY	41017-2320
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Foot Care Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 49

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Scott Altman</b>		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 185 E. 85th St. #23H		Transaction ID: 9368434
City New York	State NY	Zip Code 10028-2147
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Oliver S. Foster</b>		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 3756 Santa Rosalia Dr. #302		Transaction ID: 9343508
City Los Angeles	State CA	Zip Code 90008-3615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer Baldwin Hills Foot & Ankle Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Oliver S. Foster</b>		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 3756 Santa Rosalia Dr. #302		Transaction ID: 9343509
City Los Angeles	State CA	Zip Code 90008-3615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Baldwin Hills Foot & Ankle Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard L. Rauch</b>		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 144 Rome Dr.		Transaction ID: 9368369
City Martinsburg	State WV	Zip Code 25401-1473
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Joaquin Diaz, Jr.</b>		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 91 MacGregor Ave.		Transaction ID: 9368432
City Roslyn Heights	State NY	Zip Code 11577-1908
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Scott W. McKinney</b>		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 1311 Coral Way Dr.		Transaction ID: 9368368
City Seabrook	State TX	Zip Code 77588-4570
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer McKinney Podiatry Associates P.A.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 14 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. William P. Crotty		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 5801 Park Ave.		Transaction ID: 9368439
City Fort Smith	State AR	Zip Code 72803-1428
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Crotty Foot Clinic P.A.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. RuddFW. Cizzo		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 3739 Timber Walk Dr.		Transaction ID: 9368433
City Gainesville	State GA	Zip Code 30506-3666
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ras Louise Lantsberger		Date of Receipt M / D / Y 03 / 08 / 2004
Mailing Address 6417 S.E. 49th Ave.		Transaction ID: 9368431
City Portland	State OR	Zip Code 97206-6514
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gresham Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1850.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Timothy John Siegfried</b>		Date of Receipt M / D / Y 03 / 09 / 2004
Mailing Address 10107 E. 94th St. N.		Transaction ID: 9346715
City Ovasso	State OK	Zip Code 74055-6838
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph M. Hughes</b>		Date of Receipt M / D / Y 03 / 09 / 2004
Mailing Address 12821 Olive St.		Transaction ID: 9346717
City Garden Grove	State CA	Zip Code 92845-2632
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Los Alamitos Foot Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jon A. Hufman</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 2011 Thayer Ave.		Transaction ID: 9388475
City Los Angeles	State CA	Zip Code 90025-5528
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>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 16 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ronald S. Lepow</b>		Date of Receipt M / D / Y Y Y Y 03 / 11 / 2004
Mailing Address 3 Pinewold Cir.		Transaction ID: 9368467
City	State	Zip Code
Houston	TX	77056-1400
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lepow Podiatric Medical Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Randal Marc Lepow</b>		Date of Receipt M / D / Y Y Y Y 03 / 11 / 2004
Mailing Address 8355 Sewanee		Transaction ID: 9368468
City	State	Zip Code
Houston	TX	77056-3323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lepow Podiatric Medical Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven M. Krych</b>		Date of Receipt M / D / Y Y Y Y 03 / 11 / 2004
Mailing Address 1108 Mayan Way		Transaction ID: 9368478
City	State	Zip Code
Austin	TX	78733-2624
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer The Austin Diagnostic Cl- nic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 17 / 49

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gary M. Lepow</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 1111 Hermann Dr. #25F		Transaction ID: 9368466
City Houston	State TX	Zip Code 77004-6832
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lepow Podiatric Medical Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael Charles Edwards, Jr.</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 1084 S. Ribaut Rd. #A		Transaction ID: 9368470
City Beaufort	State SC	Zip Code 29502-5497
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Podiatry Associates PA	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Kevin Holton</b>		Date of Receipt M / D / Y 03 / 11 / 2004
Mailing Address 2805 Jasmine Ct.		Transaction ID: 9368479
City Saint Cloud	State MN	Zip Code 56301-9467
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 18 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David Gleitman</b>		Date of Receipt M / D / Y 03 / 12 / 2004
Mailing Address 372 Laurel St		Transaction ID: 9368485
City Morgantown	State WV	Zip Code 26505-3223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer FootWise Podiatry of West Virginia	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Ralph S. Sprinkle</b>		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 276 Old Augusta Dr. P.O. Box 2516		Transaction ID: 9394916
City Pawleys Island	State SC	Zip Code 29585-7310
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Georgetown Podiatry Group P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Diane Phalen</b>		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 105 Alleghany Ct.		Transaction ID: 9394923
City San Marcos	State TX	Zip Code 78688-1754
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer San Marcos Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark S. Veres</b>		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 8112 Mossy Oak Dr.		Transaction ID: 9394924
City Montgomery	State AL	Zip Code 36117-5614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. John H. Dorsey, Jr.</b>		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 146 Scott Dyer Rd.		Transaction ID: 9367612
City Cape Elizabeth	State ME	Zip Code 04107-9659
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. John Steven Steinberg</b>		Date of Receipt M / D / Y 03 / 15 / 2004
Mailing Address 13127 Voelcker Ranch Dr.		Transaction ID: 9368502
City San Antonio	State TX	Zip Code 78231-2280
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 20 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. John E. Forreth</b>		Date of Receipt M / D / Y 03 / 16 / 2004
Mailing Address 302B S. Amanda Ct.		Transaction ID: 9394910
City Sioux Falls	State SD	Zip Code 57103-4828
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Sioux Valley Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. William R. Kugler</b>		Date of Receipt M / D / Y 03 / 17 / 2004
Mailing Address 542 Hawthorne Woods Dr.		Transaction ID: 9133131
City Eagan	State MN	Zip Code 55123-3059
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael B. Thompson</b>		Date of Receipt M / D / Y 03 / 17 / 2004
Mailing Address 201 88th Pl.		Transaction ID: 8372718
City Kenosha	State WI	Zip Code 53143-5137
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 21 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas R. Komp</b>		Date of Receipt M / D / Y 03 / 17 / 2004
Mailing Address 2711 Longview Ln.		Transaction ID: 9372744
City Suamico	State WI	Zip Code 54173-8020
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bay Area Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael J. King</b>		Date of Receipt M / D / Y 03 / 17 / 2004
Mailing Address 176 Sweet Farm Rd.		Transaction ID: 9098157
City Portsmouth	State RI	Zip Code 02871-1291
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Richard Lynn Rupp</b>		Date of Receipt M / D / Y 03 / 17 / 2004
Mailing Address 2400 Cinco Casitas		Transaction ID: B133128
City La Crescenta	State CA	Zip Code 91214-5005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>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 22 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Vito N. Giardina</b>		Date of Receipt M / D / Y 03 / 17 / 2004
Mailing Address 12311 Michhaelsford Rd.		Transaction ID: 9394906
City Cockeysville	State MD	Zip Code 21030-2248
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Andrew C. Schink</b>		Date of Receipt M / D / Y 03 / 17 / 2004
Mailing Address 1715 Cameo		Transaction ID: 9372716
City Eugene	State OR	Zip Code 97405-5897
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Jill Lynn Jackson-Smith</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 8829 S. 92nd E. Ct.		Transaction ID: B177825
City Tulsa	State OK	Zip Code 74133-4441
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Supulpa Foot & Ankle Clin- ic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 23 / 49

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Carla Isabel Docherty</b>		Date of Receipt M / D / Y 03 / 19 / 2004	
Mailing Address 3800 J. St. #200		Transaction ID: 9378711	
City Sacramento	State CA	Zip Code 95816-5551	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Wayne A. Chieppa</b>		Date of Receipt M / D / Y 03 / 19 / 2004	
Mailing Address 59 A Johnson Rd.		Transaction ID: 9133161	
City Hackettstown	State NJ	Zip Code 07890	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roxbury Foot & Ankle Ctr. P.A.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Keith J. Kallah</b>		Date of Receipt M / D / Y 03 / 22 / 2004	
Mailing Address 2500 Quincy Ave.		Transaction ID: 8395000	
City Fort Pierce	State FL	Zip Code 34947-4768	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	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1550.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 49

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark E. Landry</b>		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2004	
Mailing Address 8120 W. 98th St.		Transaction ID: 9445894	
City Overland Park	State KS	Zip Code 66212-3444	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	Aggregate Year-to-Date ▼ 275.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard A. Weinstein</b>		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2004	
Mailing Address 1442 Honeysuckle N.E.		Transaction ID: 9394985	
City Albuquerque	State NM	Zip Code 87122-1144	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Juan Tabo Foot Health Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. William Scott Newcomb</b>		Date of Receipt M / D / Y Y Y Y 03 / 22 / 2004	
Mailing Address 248 Potomac Rd.		Transaction ID: 9394982	
City Wilmington	State DE	Zip Code 19803-3121	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer New Castle Associates in Podiatry	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

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



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

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

FOR LINE NUMBER: PAGE 25 / 49

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Ronald G. Elkouri</b>		Date of Receipt M / D / Y 03 / 23 / 2004
Mailing Address 1035 N. Emporia St. #104		Transaction ID: 9446352
City Wichita	State KS	Zip Code 67214-2838
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. James E. Lisle</b>		Date of Receipt M / D / Y 03 / 23 / 2004
Mailing Address 1327 Pressler Ct. S.		Transaction ID: 9446349
City Salem	State OR	Zip Code 97306-2165
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Cascade Foot Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas S. Godby</b>		Date of Receipt M / D / Y 03 / 23 / 2004
Mailing Address 498B Heather Point		Transaction ID: 9395787
City Birmingham	State AL	Zip Code 35242-3550
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Birmingham Podiatry P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<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 26 / 49

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Marc Steven Maikon</b>		Date of Receipt M / D / Y 03 / 25 / 2004
Mailing Address 2585 Victoria St.		Transaction ID: 9447413
City Marion	State IA	Zip Code 52302-6606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Timothy D. Kemple</b>		Date of Receipt M / D / Y 03 / 25 / 2004
Mailing Address 11 Elwood Rd.		Transaction ID: 9447240
City Derry	State NH	Zip Code 03038-5426
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Stanley A. Gorgol</b>		Date of Receipt M / D / Y 03 / 25 / 2004
Mailing Address 198 Main St		Transaction ID: 9447238
City Salem	State NH	Zip Code 03079-5165
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer New Hampshire Podiatric Medical Assn.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 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 27 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Todd R. Hovermale</b>		Date of Receipt M / D / Y 03 / 25 / 2004
Mailing Address 1849 Allen Ln.		Transaction ID: 9447415
City Anderson	State IN	Zip Code 46012-1803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Eugene Nassif, Jr.</b>		Date of Receipt M / D / Y 03 / 25 / 2004
Mailing Address 4095 Hickory Hill Ln. S.E.		Transaction ID: 9447339
City Cedar Rapids	State IA	Zip Code 52409-3738
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. L. Highland, DPM</b>		Date of Receipt M / D / Y 03 / 29 / 2004
Mailing Address 37767 Chase Run Drive		Transaction ID: 9441355
City Sterling Heights	State MI	Zip Code 48310-4000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1100.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 48

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Leslie G. Levy</b>		Date of Receipt M / D / Y 03 / 28 / 2004
Mailing Address 23881 W. McBean Pkwy. #E26		Transaction ID: 9515081
City Valencia	State CA	Zip Code 91355-4457
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Donald J. Gerfield</b>		Date of Receipt M / D / Y 03 / 28 / 2004
Mailing Address 585D Priory Ln.		Transaction ID: 8441337
City Bloomfield Hills	State MI	Zip Code 48301-1118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 375.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. R. Daniel Davis</b>		Date of Receipt M / D / Y 03 / 28 / 2004
Mailing Address 450 Clement Ln.		Transaction ID: 8447844
City Orange	State CT	Zip Code 06477-2803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</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 28 / 48

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Oleh Roman Lewin</b>		Date of Receipt M / D / Y 03 / 28 / 2004
Mailing Address 4595 Nathan Dr.		Transaction ID: 9441346
City Sterling Heights	State MI	Zip Code 48310-2658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 375.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeffrey Frederick</b>		Date of Receipt M / D / Y 03 / 28 / 2004
Mailing Address 17333 W. 10 Mile Rd.		Transaction ID: 9441338
City Southfield	State MI	Zip Code 48075-2801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Roberto J. LaBarbera</b>		Date of Receipt M / D / Y 03 / 28 / 2004
Mailing Address 321 Union Brick Rd.		Transaction ID: 9515078
City Blairstown	State NJ	Zip Code 07825-3411
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>875.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 40

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kevin R. Kreiman</b>		Date of Receipt M / D / Y 03 / 20 / 2004
Mailing Address 30180 Mayfair		Transaction ID: 9442280
City Farmington Hills	State MI	Zip Code 48331-2156
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Shores Podiatry Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Marc A. Weiner</b>		Date of Receipt M / D / Y 03 / 20 / 2004
Mailing Address 2035 Wickford Ct.		Transaction ID: 9441339
City Bloomfield Townshi	State MI	Zip Code 48304-1088
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Eugene F. Sherwood</b>		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 7475 Algonquin Dr.		Transaction ID: B2959D4
City Cincinnati	State OH	Zip Code 45243-3517
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Podiatry Healthcare Netwo- rk Inc.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 31 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jerry L. Titko</b>		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 9872 Ziz Zag Rd.		Transaction ID: 9295905
City Cincinnati	State OH	Zip Code 45242-6311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Podiatry of Hamilton Inc.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles E. Keenan, Jr.</b>		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 159D 3rd Ave. S.E.		Transaction ID: 9295911
City Le Mars	State IA	Zip Code 51031-2763
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. James W. Stawsky</b>		Date of Receipt M / D / Y 03 / 30 / 2004
Mailing Address 1201 Vancouver Ave.		Transaction ID: 9515075
City Burlingame	State CA	Zip Code 94010-5889
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>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 32 / 40

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kendall P. Tabor</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 1414 W. Fair Ave. #5D		Transaction ID: 9515071
City Marquette	State MI	Zip Code 49855-2675
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard Bellocosa</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 7 Tanner Woods		Transaction ID: 9515042
City San Antonio	State TX	Zip Code 78248-1629
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer San Antonio Podiatry Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. James M. McCarty</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 8 S. Deeplands		Transaction ID: 9515020
City Grosse Pointe Shor	State MI	Zip Code 48238-2618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Shores Podiatry	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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



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

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

FOR LINE NUMBER: PAGE 33 / 49

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Thomas Abrahamsen</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 190 Old Mill Rd.		Transaction ID: 9515070
City Fairfield	State CT	Zip Code 06824-4828
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Clifford D. Greenbaum</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 11425 N. Carriage Ct.		Transaction ID: 9515023
City Mequon	State WI	Zip Code 53092-2145
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Ronald F. Eckstein</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 2721 Dunsinane Rd.		Transaction ID: 9515064
City Pensacola	State FL	Zip Code 32503-5814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 34 / 40

(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) A. Dr. Colin Todd Connell		Date of Receipt M / D / Y 03 / 31 / 2004	
Mailing Address 551 B Greenleaf Dr.		Transaction ID: 9515021	
City Madison	State WI	Zip Code 53713-2231	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	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	24200.00

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

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

FOR LINE NUMBER: PAGE 35 / 49

(check only one)

11a  11b  11c  12  
13 14 15 16  17

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

Full Name (Last, First, Middle Initial) <b>A. Investment Account, Interest/Dividends</b>		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		03 / 10 / 2004
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9348614
Name of Employer Legg Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		1131.51
Receipt For: Primary General Other (specify) ▼		Interest Income
Aggregate Year-to-Date ▼ 2126.47		

Full Name (Last, First, Middle Initial) <b>B. Investment Account, Interest/Dividends</b>		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		03 / 10 / 2004
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9348616
Name of Employer Legg Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		282.63
Receipt For: Primary General Other (specify) ▼		
Aggregate Year-to-Date ▼ 2409.10		

Full Name (Last, First, Middle Initial) <b>C. Investment Account, Interest/Dividends</b>		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		03 / 31 / 2004
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 9528064
Name of Employer Legg Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		1957.79
Receipt For: Primary General Other (specify) ▼		
Aggregate Year-to-Date ▼ 4366.89		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3371.93</b>
TOTAL This Period (last page this line number only) .....	▶	<b>3371.93</b>

**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 36 / 49

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

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

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name  
Rep. Frank Pallone, Jr.

Office Sought:  House  Senate  President  
State: NJ District 6

Disbursement For: 2004  
Primary General  
 Other (specify) ▼  
2004 Primary Electio

Transaction ID: 9323983  
Date of Disbursement  
03 / 02 / 2004

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Gerald C 'Jerry' Weller For Congress**

Mailing Address P.O. Box 687

City Morris State IL Zip Code 60450

Purpose of Disbursement

Candidate Name  
Mr. Gerald C. Jerry Weller

Office Sought:  House  Senate  President  
State: IL District 11

Disbursement For: 2004  
Primary General  
 Other (specify) ▼  
2004 Primary Electio

Transaction ID: 9322877  
Date of Disbursement  
03 / 02 / 2004

Amount of Each Disbursement this Period  
1500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. Congressman Joe Barton Committee, The**

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement

Candidate Name  
Rep. Joe L. Barton

Office Sought:  House  Senate  President  
State: TX District 6

Disbursement For: 2004  
Primary General  
 Other (specify) ▼  
2004 Primary Electio

Transaction ID: 9324565  
Date of Disbursement  
03 / 02 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **4500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Friends Of Cliff Stearns</b>		Transaction ID: 9323764 Date of Disbursement 03 / 02 / 2004	
Mailing Address PO Box 308		Amount of Each Disbursement this Period 1000.00	
City Silver Springs State FL Zip Code 34489	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Cliff Stearns	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District 6	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	

Full Name (Last, First, Middle Initial) <b>B. Diana Degette For Congress</b>		Transaction ID: 9322637 Date of Disbursement 03 / 02 / 2004	
Mailing Address 770 Grant Street Suite 238 770 Grant Street Suite 238		Amount of Each Disbursement this Period 1500.00	
City Denver State CO Zip Code 80203	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Diana DeGette	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District 1	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	

Full Name (Last, First, Middle Initial) <b>C. Mike Bilirakis For Congress</b>		Transaction ID: 9322362 Date of Disbursement 03 / 02 / 2004	
Mailing Address P O Box 1077		Amount of Each Disbursement this Period 1500.00	
City Tarpon Springs State FL Zip Code 34688	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Michael Bilirakis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District 9	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<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)

PAGE 38 / 49

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

Full Name (Last, First, Middle Initial)  
**A. Citizens For Bunning**

Mailing Address 1717 Dixie Highway Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement

Candidate Name  
Sen. Jim Bunning

Office Sought: House Disbursement For: 2004  
 Senate Primary General  
 President  
 Other (specify) ▼  
 State: KY District 1 2004 General

Transaction ID: 9324695  
Date of Disbursement  
03 / 02 / 2004

Amount of Each Disbursement this Period  
5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. People For English**

Mailing Address P.O. Box 1040

City Eric State PA Zip Code 16507

Purpose of Disbursement

Candidate Name  
Phil English

Office Sought:  House Disbursement For: 2004  
 Senate Primary General  
 President  
 Other (specify) ▼  
 State: PA District 21 2004 Primary Electio

Transaction ID: 9324213  
Date of Disbursement  
03 / 02 / 2004

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

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

Mailing Address P.O. Box 8534

City Rolling Meadows State IL Zip Code 60008

Purpose of Disbursement

Candidate Name  
Rep. Philip M. Crane

Office Sought:  House Disbursement For: 2004  
 Senate Primary General  
 President  
 Other (specify) ▼  
 State: IL District 8 2004 Primary Electio

Transaction ID: 9324402  
Date of Disbursement  
03 / 02 / 2004

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **7000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Otter For Idaho</b>		Transaction ID: 9323661 Date of Disbursement 03 / 02 / 2004	
Mailing Address P.O. Box 7807		Amount of Each Disbursement this Period 1000.00	
City Boise State ID Zip Code 83707	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. C.L. Otter			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: ID      District 1			

Full Name (Last, First, Middle Initial) <b>B. People With Hart Inc</b>		Transaction ID: 9323141 Date of Disbursement 03 / 02 / 2004	
Mailing Address P.O. Box 435		Amount of Each Disbursement this Period 1000.00	
City Wexford State PA Zip Code 15000	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Melissa A. Hart			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: PA      District 4			

Full Name (Last, First, Middle Initial) <b>C. Brown-Waite For Congress</b>		Transaction ID: 9323369 Date of Disbursement 03 / 02 / 2004	
Mailing Address 704 Ponce De Leon Blvd		Amount of Each Disbursement this Period 1000.00	
City Brooksville State FL Zip Code 34601	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Virginia Brown-Waite			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: FL      District 5			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<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)

PAGE 40 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Morrisey For Congress</b>		Transaction ID: 9520630 Date of Disbursement 03 / 04 / 2004	
Mailing Address 231 North Avenue West #129		Amount of Each Disbursement this Period 1000.00	
City Westfield State NJ Zip Code 07090	Purpose of Disbursement 2000 Debt Retirement	011 Category/ Type	2000 Debt Retirement
Candidate Name Mr. Patrick Morrisey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District 7	Disbursement For: 2000 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement - 20	

Full Name (Last, First, Middle Initial) <b>B. Darlene Hooley For Congress</b>		Transaction ID: 9347770 Date of Disbursement 03 / 09 / 2004	
Mailing Address 6404 Failing St		Amount of Each Disbursement this Period 1000.00	
City West Linn State OR Zip Code 07068	Purpose of Disbursement	011 Category/ Type	
Candidate Name Darlene Hooley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District 5	Disbursement For: 2004 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	

Full Name (Last, First, Middle Initial) <b>C. Hobson For Congress</b>		Transaction ID: 9347778 Date of Disbursement 03 / 09 / 2004	
Mailing Address B2 West Columbia		Amount of Each Disbursement this Period 1000.00	
City Springfield State OH Zip Code 45503	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. David L. Hobson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 7	Disbursement For: 2004 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General	

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Cantor For Congress</b>		Transaction ID: 9347774 Date of Disbursement 03 / 09 / 2004	
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 500.00	
City Richmond State VA Zip Code 23226	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Eric I. Cantor			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: VA      District 7			

Full Name (Last, First, Middle Initial) <b>B. Friends Of Byron Dorgan</b>		Transaction ID: 9347763 Date of Disbursement 03 / 09 / 2004	
Mailing Address PO Box 871		Amount of Each Disbursement this Period 2500.00	
City Bismarck State ND Zip Code 58502	Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Byron L. Dorgan			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
State: ND      District 2			

Full Name (Last, First, Middle Initial) <b>C. Mike McIntyre For Congress</b>		Transaction ID: 9347781 Date of Disbursement 03 / 09 / 2004	
Mailing Address P.O. Box 1		Amount of Each Disbursement this Period 1000.00	
City Lumberton State NC Zip Code 28359	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Mike McIntyre			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NC      District 7			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> 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)

PAGE 42 / 49

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

Full Name (Last, First, Middle Initial)  
**A. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
Rep. Anna G. Eshoo

Office Sought:  House  Senate  President  
State: CA District 14

Disbursement For: 2004  
Primary General  
 Other (specify) ▼  
2004 General

011  
Category/  
Type

Transaction ID: 9347768  
Date of Disbursement  
03 / 09 / 2004

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Friends of Roger Wicker**

Mailing Address P.O. Box 874

City Tupelo State MS Zip Code 38802

Purpose of Disbursement

Candidate Name  
Mr. Roger Wicker

Office Sought:  House  Senate  President  
State: MS District 1

Disbursement For: 2004  
Primary General  
 Other (specify) ▼  
2004 General

011  
Category/  
Type

Transaction ID: 9347772  
Date of Disbursement  
03 / 09 / 2004

Amount of Each Disbursement this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Tim Murphy For Congress**

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement

Candidate Name  
Rep. Tim Murphy

Office Sought:  House  Senate  President  
State: PA District 18

Disbursement For: 2004  
Primary General  
 Other (specify) ▼  
2004 Primary Electio

011  
Category/  
Type

Transaction ID: 9347783  
Date of Disbursement  
03 / 09 / 2004

Amount of Each Disbursement this Period  
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Charles Taylor For Congress Committee</b>		Transaction ID: 9347760 Date of Disbursement 03 / 09 / 2004	
Mailing Address PO Box 2355 PO Box 2355		Amount of Each Disbursement this Period 1000.00	
City Asheville State NC Zip Code 28802	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Charles H. Taylor			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NC      District: 11			

Full Name (Last, First, Middle Initial) <b>B. Jo Bonner For Congress Committee</b>		Transaction ID: 9347775 Date of Disbursement 03 / 09 / 2004	
Mailing Address P.O. Box 851232		Amount of Each Disbursement this Period 1000.00	
City Mobile State AL Zip Code 36685	Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Jo Bonner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: AL      District: 1			

Full Name (Last, First, Middle Initial) <b>C. Nethercutt For Senate</b>		Transaction ID: 9347765 Date of Disbursement 03 / 09 / 2004	
Mailing Address 801 W Riverside #1800		Amount of Each Disbursement this Period 2000.00	
City Spokane State WA Zip Code 99201	Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. George Nethercutt			
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
State: WA      District: 2			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<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)

PAGE 44 / 49

<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. Committee To Re-Elect Ed Towns</b>		Transaction ID: 9372145 Date of Disbursement 03 / 16 / 2004	
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1000.00	
City Brooklyn State NY Zip Code 11233	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Edolphus Towns	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District 10			

Full Name (Last, First, Middle Initial) <b>B. Charles A. Gonzalez Congressional Campaign</b>		Transaction ID: 9372145 Date of Disbursement 03 / 16 / 2004	
Mailing Address P.O. Box 83142		Amount of Each Disbursement this Period 1000.00	
City Gaithersburg State MD Zip Code 20883	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Charlie A. Gonzalez	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District 20			

Full Name (Last, First, Middle Initial) <b>C. Congressman Bill Young Campaign Committee</b>		Transaction ID: 9372149 Date of Disbursement 03 / 16 / 2004	
Mailing Address P. O. Box 47025		Amount of Each Disbursement this Period 1000.00	
City St. Petersburg State FL Zip Code 33743	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. C.W. Bill Young	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District 10			

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3000.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 45 / 49

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. Nathan Deal For Congress</b>		Transaction ID: 9372147 Date of Disbursement 03 / 16 / 2004	
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 1000.00	
City Gainesville State GA Zip Code 30503	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Nathan Deal	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10			

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Tanner</b>		Transaction ID: 9372151 Date of Disbursement 03 / 16 / 2004	
Mailing Address Post Office Box 1994 Post Office Box 1994		Amount of Each Disbursement this Period 1000.00	
City Union City State TN Zip Code 38281	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. John S. Tanner	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: B			

Full Name (Last, First, Middle Initial) <b>C. Kay Granger Campaign Fund</b>		Transaction ID: 9372150 Date of Disbursement 03 / 16 / 2004	
Mailing Address 715 Jones Street Suite 101		Amount of Each Disbursement this Period 1000.00	
City Fort Worth State TX Zip Code 76102	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Kay Granger	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Chris Dodd</b>		Transaction ID: 9392956 Date of Disbursement 03 / 22 / 2004	
Mailing Address 236 Massachusetts Ave., NE Suite 209		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	
Candidate Name Senator Christopher J. Dodd	2004 Primary Election		
Office Sought: House X Senate President	Disbursement For: 2004 Primary       General X Other (specify) ▼ 2004 Primary Electio		
State: CT       District: 1			

Full Name (Last, First, Middle Initial) <b>B. Mikulski For Senate Committee</b>		Transaction ID: 9392957 Date of Disbursement 03 / 22 / 2004	
Mailing Address P O B 13147		Amount of Each Disbursement this Period 5000.00	
City Baltimore State MD Zip Code 21203	Purpose of Disbursement 2004 General Election	011 Category/ Type	
Candidate Name Sen. Barbara A. Mikulski	2004 General Election		
Office Sought: House X Senate President	Disbursement For: 2004 Primary       General X Other (specify) ▼ 2004 General		
State: MD       District: 2			

Full Name (Last, First, Middle Initial) <b>C. John D. Dingell For Congress Committee</b>		Transaction ID: 9392954 Date of Disbursement 03 / 22 / 2004	
Mailing Address 607 14th Street N.W. Suite 800		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20005	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	
Candidate Name Rep. John D. Dingell	2004 Primary Election		
Office Sought: X House Senate President	Disbursement For: 2004 Primary       General X Other (specify) ▼ 2004 Primary Electio		
State: MI       District: 15			

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **7000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Virgil Goode for Congress</b>		Transaction ID: 9392950 Date of Disbursement 03 / 22 / 2004	
Mailing Address 125 Orchard Avenue		Amount of Each Disbursement this Period 1000.00	
City Rocky Mount State VA Zip Code 24151	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 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: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) <b>B. Wyden For Senate</b>		Transaction ID: 9392955 Date of Disbursement 03 / 22 / 2004	
Mailing Address 123 Ne 3rd Suite 321		Amount of Each Disbursement this Period 1000.00	
City Portland State OR Zip Code 07232	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Sen. Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District 1	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) <b>C. Anne Northup For Congress</b>		Transaction ID: 9392955 Date of Disbursement 03 / 22 / 2004	
Mailing Address P.O. Box 7313		Amount of Each Disbursement this Period 1000.00	
City Louisville State KY Zip Code 40257	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Anne Meagher Northup Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District 3	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

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

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

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PAGE 48 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Berkley For Congress</b>		Transaction ID: 9392953 Date of Disbursement 03 / 22 / 2004	
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 1000.00	
City Las Vegas State NV Zip Code 89121	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Shelley Berkley	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District 1			

Full Name (Last, First, Middle Initial) <b>B. Citizens For Harkin</b>		Transaction ID: 9453632 Date of Disbursement 03 / 30 / 2004	
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1000.00	
City Des Moines State IA Zip Code 50304	Purpose of Disbursement 2008 Primary Election	011 Category/ Type	2008 Primary Election
Candidate Name Sen. Tom Harkin	Disbursement For: 2008 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District 2			

Full Name (Last, First, Middle Initial) <b>C. Boswell For Congress</b>		Transaction ID: 9453633 Date of Disbursement 03 / 30 / 2004	
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00	
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Leonard L. Boswell	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District 3			

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



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

Use separate schedule(s)  
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PAGE 49 / 49

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

Full Name (Last, First, Middle Initial) <b>A. Cardoza For Congress</b>		Transaction ID: 9453634 Date of Disbursement 03 / 30 / 2004	
Mailing Address 5578 Zeiner Court		Amount of Each Disbursement this Period 1000.00	
City Atwater State CA Zip Code 95301	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Mr. Dennis Cardoza	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District 18			

Full Name (Last, First, Middle Initial) <b>B. Pryce For Congress</b>		Transaction ID: 9453618 Date of Disbursement 03 / 30 / 2004	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Deborah Pryce	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 15			

Full Name (Last, First, Middle Initial) <b>C. Sue Myrick For Congress</b>		Transaction ID: 9453623 Date of Disbursement 03 / 30 / 2004	
Mailing Address P.O. Box 37091		Amount of Each Disbursement this Period 1000.00	
City Charlotte State NC Zip Code 28237	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Sue Wilkins Myrick	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District 9			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>54500.00</b>