

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: ^M08 ^D01 ^Y2003 To: ^M08 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		288398.70
(b) Cash on Hand at Beginning of Reporting Period	342998.80	
(c) Total Receipts (from Line 19)	25993.82	210520.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	368992.42	498918.95
7. Total Disbursements (from Line 31)	12241.11	142167.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	356751.31	356751.31
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: ^M08 ^D01 ^Y2003 To: ^M08 ^D31 ^Y2003

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)	12599.00	
(ii) Unitemized	12237.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	24836.00	175603.18
(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)	24836.00	175603.18
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1157.82	33917.07
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))	25993.82	210520.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25993.82	210520.25

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.....	241.11	581.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	241.11	581.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	141500.00
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	86.60
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))..	12241.11	142167.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	12241.11	142167.64

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)	24836.00	175603.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24836.00	175603.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	241.11	561.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	241.11	561.04

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Christian A. Robertozi		Date of Receipt M / D / Y 08 / 06 / 2003
Mailing Address 43 Douma Dr.		Transaction ID: 8550374
City Newton	State NJ	Zip Code 07860-1558
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Kenneth K. S. Mah		Date of Receipt M / D / Y 08 / 06 / 2003
Mailing Address 14495 S.W. Allen Blvd. #101		Transaction ID: 8550353
City Beaverton	State OR	Zip Code 97005-4402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Geoffrey Bergman		Date of Receipt M / D / Y 08 / 06 / 2003
Mailing Address 4809 Whitehall Blvd.		Transaction ID: 8550370
City Alexandria	State LA	Zip Code 71303-2638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 30	
	<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. Ronald G. Lavenda		Date of Receipt M / D / Y 08 / 06 / 2003
Mailing Address UMass Memorial-Clinton Hosp. 201 Highland St #C		Transaction ID: 8550373
City Clinton	State MA	Zip Code 02368-5519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Brian G. Holcomb		Date of Receipt M / D / Y 08 / 07 / 2003
Mailing Address 3454 Green Apple Rd.		Transaction ID: 8571329
City Gainesville	State GA	Zip Code 30506-4121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cumming Foot & Leg Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Ruth Ann Cooper		Date of Receipt M / D / Y 08 / 07 / 2003
Mailing Address 4415 Aicholtz Rd. #200		Transaction ID: 8571328
City Cincinnati	State OH	Zip Code 45245-1508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
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 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input 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. Lisa Cornelius		Date of Receipt M / D / Y 08 / 09 / 2003
Mailing Address 3208 N.W. Twinberry St.		Transaction ID: 8571467
City Corvallis	State OR	Zip Code 97330-3341
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas G. Rogers		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 150 W. 800 N.		Transaction ID: 8571358
City Provo	State UT	Zip Code 84601-1624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Central UT Foot & Ankle Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. Dr. Louis M. Sampak		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 5804 S. 171st St.		Transaction ID: 8571352
City Omaha	State NE	Zip Code 68135-2273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Mark F. Rogers		Date of Receipt M / D / Y 08 / 11 / 2003
Mailing Address 150 W. 800 N.		Transaction ID: 8571359
City Provo	State UT	Zip Code 84601-1624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Central UT Foot & Ankle Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven J. Berlin		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 12407 Dover Rd.		Transaction ID: 8571381
City Reisterstown	State MD	Zip Code 21126-5607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Chris C. Paragoulas		Date of Receipt M / D / Y 08 / 13 / 2003
Mailing Address 30 Bates Dr.		Transaction ID: 8571380
City Nashua	State NH	Zip Code 03064-1701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. David Allen Anderson		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address Rt. 1 Box 138-18		Transaction ID: 8571344
City Weston	State WV	Zip Code 26452-9410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Family Foot Care	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Neal Kramer		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address 5775 Fresh Meadow Dr.		Transaction ID: 8571351
City Macungie	State PA	Zip Code 18062-9522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. John A. Marino		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address 2305 Victory Blvd.		Transaction ID: 8571345
City Staten Island	State NY	Zip Code 10314-6623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Victory Podiatry	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Matthew A. Parmenter		Date of Receipt M / D / Y 08 / 14 / 2003
Mailing Address 1345 Mercedes Dr.		Transaction ID: 8571341
City Bloomington	State IN	Zip Code 47401-8817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark L. Yecke		Date of Receipt M / D / Y 08 / 15 / 2003
Mailing Address 483 N.W. 21st Dr.		Transaction ID: 8571456
City Pendleton	State OR	Zip Code 97401-1104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Mountain Foot Specialties P.C.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Phillip N. Burk		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address 10552 Garverdale Ct. #906		Transaction ID: 8587689
City Boise	State ID	Zip Code 83704-5478
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Foot & Ankle Medical Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 30	
	<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. James Stephen Zuremba		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address 104 Basswood Dr.		Transaction ID: 8587674
City Aiken	State SC	Zip Code 29803-2687
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Greenwood Podiatric Medical Assn.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Terry P. Smith		Date of Receipt M / D / Y 08 / 18 / 2003
Mailing Address 2064 Michigan Ave		Transaction ID: 8587672
City Salt Lake City	State UT	Zip Code 84108-1308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. William Charles Jones		Date of Receipt M / D / Y 08 / 19 / 2003
Mailing Address 10517 S. Toledo		Transaction ID: 8585874
City Tulsa	State OK	Zip Code 74137-6228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Michael W. Ward		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 1951 S. Grandview		Transaction ID: 8585800
City Dubuque	State IA	Zip Code 52003-7822
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dubuque Podiatry	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Hal Orstein		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 5 Amanda Ln.		Transaction ID: 8585826
City Howell	State NJ	Zip Code 07731-8941
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Affiliated Foot & Ankle Center L.L.P.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Kathryn Riffe		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 807D N. Main St.		Transaction ID: 8586042
City Milan	State TN	Zip Code 38358-6377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 30	
	<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. Charles D. Anderson		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 712 Miller		Transaction ID: 8585844
City Norman	State OK	Zip Code 73069-5848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Anderson Foot & Ankle Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael L. Sabia, Jr.		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 217 Haviland Rd.		Transaction ID: 8585811
City Stamford	State CT	Zip Code 06903-3325
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Avenue Podiatry Group	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Judith Ann Sporing		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 5545 Queen Ave. S.		Transaction ID: 8585828
City Minneapolis	State MN	Zip Code 55410-2532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input 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. Donald James Carlson		Date of Receipt M / D / Y 08 / 10 / 2003
Mailing Address 711 N.W. 6th St		Transaction ID: 8587696
City Pendleton	State OR	Zip Code 97801-1319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hemiston Family Foot Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. John V. Vancora		Date of Receipt M / D / Y 08 / 21 / 2003
Mailing Address 201 Meadow Wood Rd.		Transaction ID: 8587568
City Gadsden	State AL	Zip Code 35901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Lawrence I. Rubin		Date of Receipt M / D / Y 08 / 21 / 2003
Mailing Address 1045 W. Redondo Beach Blvd. #250		Transaction ID: 8587571
City Gardena	State CA	Zip Code 90247-4128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Sheldon Fleishman		Date of Receipt M / D / Y 08 / 22 / 2003
Mailing Address 9091 State Line Rd. #100		Transaction ID: 8587666
City Kansas City	State MO	Zip Code 64114-3286
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark Baxter		Date of Receipt M / D / Y 08 / 22 / 2003
Mailing Address 3335 Bondwood Cir.		Transaction ID: 8587644
City Johnson City	State TN	Zip Code 37604-8904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ralph Manogian		Date of Receipt M / D / Y 08 / 22 / 2003
Mailing Address 5949 Shallow Creek Dr.		Transaction ID: 8587645
City Milford	State OH	Zip Code 45150-1524
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Robert D. Yam		Date of Receipt M / D / Y 08 / 22 / 2003
Mailing Address 236 N. Wind Ct.		Transaction ID: 8587643
City Ponte Vedra Beach	State FL	Zip Code 32082-1852
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Podiatry Associates of FL Inc.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Eugene E. Spector		Date of Receipt M / D / Y 08 / 25 / 2003
Mailing Address 1291 Crestview Dr.		Transaction ID: 8587641
City San Carlos	State CA	Zip Code 94070-4237
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Deborah A. DeRose		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 880 Old Post Rd.		Transaction ID: 8587759
City Fairfield	State CT	Zip Code 06824-8403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew Rice		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 4 Colony St.		Transaction ID: 8587767
City Norwalk	State CT	Zip Code 06851-5803
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Colony Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert L. Behrands, Jr.		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 180B-C Wildberry Dr.		Transaction ID: 8587776
City Glenview	State IL	Zip Code 60025-1734
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. David Medar		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 209 Blueberry Ln.		Transaction ID: 8587757
City Southbury	State CT	Zip Code 06488-1562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Family Footcare	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Dr. Hsiao-ch'ün Yu		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 780 S. Walnut St. #3		Transaction ID: 8587778
City Las Cruces	State NM	Zip Code 88001-1425
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arroyo Foot & Ankle Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Douglas T. Gilis		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 780 S. Walnut St. #3		Transaction ID: 8587777
City Las Cruces	State NM	Zip Code 88001-1425
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arroyo Foot & Ankle Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ira J. Gottlieb		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 12110 Faulkner Dr.		Transaction ID: 8587771
City Owings Mills	State MD	Zip Code 21117-1258
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Chesapeake Foot & Ankle Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 20 / 30	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. Rex Smith		Date of Receipt M / D / Y 08 / 26 / 2003
Mailing Address 1080 Chambers St.		Transaction ID: 8587735
City Eugene	State OR	Zip Code 97402-3781
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 249.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00	

Full Name (Last, First, Middle Initial) B. Dr. Eugene A. Fox		Date of Receipt M / D / Y 08 / 27 / 2003
Mailing Address 3289 Amsterdam Ave.		Transaction ID: 8590741
City Hollywood	State FL	Zip Code 33026-4866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	549.00
TOTAL This Period (last page this line number only)	▶	12599.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 30	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) A. Advest, Inc.		Date of Receipt M / D / Y 08 / 01 / 2008
Mailing Address 17 W. Main Street		Transaction ID: 8668317
City Avon	State CT	Zip Code 06001-4705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1157.82
Name of Employer Advest, Inc.	Occupation Investment Firm	interest income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 29848.30	

SUBTOTAL of Receipts This Page (optional)	▶	1157.82
TOTAL This Period (last page this line number only)	▶	1157.82

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 30

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		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. Advest, Inc.		Transaction ID: B886318	
Mailing Address 17 W. Main Street		Date of Disbursement 08 / 01 / 2008	
City Avon	State CT	Zip Code 06001-2008	Amount of Each Disbursement this Period 241.11
Purpose of Disbursement interest expense		001 Category/ Type	
Candidate Name			interest expense
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	241.11
TOTAL This Period (last page this line number only)	▶	241.11

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 23 / 30			
	<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. Deal for Congress		Transaction ID: B666451 Date of Disbursement 08 / 15 / 2003	
Mailing Address P.O. Box 902			
City Gainesville	State GA	Zip Code 30503	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void - Deal for Congress		011 Category/ Type	Void - Deal for Congress
Candidate Name Mr. Nathan Deal			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: GA District: 9			

Full Name (Last, First, Middle Initial) B. Rob Andrews for Congress Committee		Transaction ID: B666443 Date of Disbursement 08 / 15 / 2003	
Mailing Address 20 Brace Road Suite 200			
City Cherry Hill	State NJ	Zip Code 08034	Amount of Each Disbursement this Period -2500.00
Purpose of Disbursement Void - Rob Andrews for Congress Committe		011 Category/ Type	Void - Rob Andrews for Co- ngress Committee
Candidate Name Mr. Robert E. Andrews			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NJ District: 1			

Full Name (Last, First, Middle Initial) C. Nita Lowey For Congress		Transaction ID: B666447 Date of Disbursement 08 / 15 / 2003	
Mailing Address 1185 Avenue of the Americas			
City New York	State NY	Zip Code 10036	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void - Nita Lowey For Congress		011 Category/ Type	Void - Nita Lowey For Con- gress
Candidate Name Ms. Nita M. Lowey			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NY District: 18			

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 24 / 30			
	<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. Jim Ramstad Volunteer Committee		Transaction ID: B666453 Date of Disbursement 08 / 15 / 2003	
Mailing Address 8100 Penn Ave., South, Ste 104			
City Bloomington	State MN	Zip Code 55431	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void - Jim Ramstad Volunteer Committee		011 Category/ Type	Void - Jim Ramstad Volunteer Committee
Candidate Name Mr. Jim Ramstad			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: MN District 3			

Full Name (Last, First, Middle Initial) B. Friends of Roger Wicker		Transaction ID: B651266 Date of Disbursement 08 / 15 / 2003	
Mailing Address P.O. Box 874			
City Tupelo	State MS	Zip Code 38802	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void - Friends of Roger Wicker		011 Category/ Type	Void - Friends of Roger Wicker
Candidate Name Mr. Roger Wicker			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: MS District 1			

Full Name (Last, First, Middle Initial) C. Volunteers For Shimkus		Transaction ID: 8669445 Date of Disbursement 08 / 15 / 2003	
Mailing Address P.O. Box 5458 PO Box 5458			
City Springfield	State IL	Zip Code 62705	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void - Volunteers For Shimkus		011 Category/ Type	Void - Volunteers For Shimkus
Candidate Name Rep. John Shimkus			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: IL District 20			

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 25 / 30	
	<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. Chris John For Congress		Transaction ID: B686449 Date of Disbursement 08 / 15 / 2003	
Mailing Address P.O. Drawer 907			
City Crowley	State LA	Zip Code 70527	Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void - Chris John For Congress		011 Category/ Type	Void - Chris John For Congress
Candidate Name Rep. Christopher John			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: LA District 7			

Full Name (Last, First, Middle Initial) B. Friends of Sessions Senate Committee		Transaction ID: B619282 Date of Disbursement 08 / 19 / 2003	
Mailing Address P.O. Box 4278			
City Montgomery	State AL	Zip Code 36103	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Jeff Sessions			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: AL District 2			

Full Name (Last, First, Middle Initial) C. Pallone for Congress		Transaction ID: B619338 Date of Disbursement 08 / 19 / 2003	
Mailing Address P.O. Box 3178			
City Long Branch	State NJ	Zip Code 07440	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Frank Pallone, Jr.			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NJ District 6			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 26 / 30			
	<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. Friends of Chris Dodd		Transaction ID: B619198 Date of Disbursement 08 / 19 / 2003	
Mailing Address 236 Massachusetts Ave., NE Suite 209		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20002	011 Category/ Type
Purpose of Disbursement		Candidate Name Senator Christopher J. Dodd	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: CT District: 1			

Full Name (Last, First, Middle Initial) B. Friends of Patrick Kennedy		Transaction ID: B619310 Date of Disbursement 08 / 19 / 2003	
Mailing Address PO BOX 321		Amount of Each Disbursement this Period 4000.00	
City PAWTUCKET	State RI	Zip Code 02862	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. Patrick J. Kennedy	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: RI District: 1			

Full Name (Last, First, Middle Initial) C. Friends of Clay Shaw		Transaction ID: B619291 Date of Disbursement 08 / 19 / 2003	
Mailing Address 2600 N.E. 14th Street Cswy		Amount of Each Disbursement this Period 1000.00	
City Pompano Beach	State FL	Zip Code 33062	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. E. Clay Shaw, Jr.	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: FL District: 22			

SUBTOTAL of Disbursements This Page (optional)	▶	6000.00
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 27 / 30	
	<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. Gene Green Congressional Campaign		Transaction ID: B619270 Date of Disbursement 08 / 19 / 2003		
Mailing Address P.O. Box 16128		Amount of Each Disbursement this Period 1000.00		
City Houston	State TX			Zip Code 77222
Purpose of Disbursement				011 Category/ Type
Candidate Name Mr. Gene Green				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 29	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			

Full Name (Last, First, Middle Initial) B. Pete Stark Re-Election Committee		Transaction ID: B619197 Date of Disbursement 08 / 19 / 2003		
Mailing Address P.O. Box 121		Amount of Each Disbursement this Period 1000.00		
City Hayward	State CA			Zip Code 04543
Purpose of Disbursement				011 Category/ Type
Candidate Name Mr. Pete Stark				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 13	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			

Full Name (Last, First, Middle Initial) C. Deal for Congress		Transaction ID: B619240 Date of Disbursement 08 / 19 / 2003		
Mailing Address P.O. Box 902		Amount of Each Disbursement this Period 1000.00		
City Gainesville	State GA			Zip Code 30503
Purpose of Disbursement				011 Category/ Type
Candidate Name Mr. Nathan Deal				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District: 9	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			

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 28 / 30	
	<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		Transaction ID: B619368 Date of Disbursement 08 / 19 / 2003	
Mailing Address Suite 180 1717 Dixie Highway		Amount of Each Disbursement this Period 1500.00	
City Ft. Wright	State KY	Zip Code 41011	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. Jim Bunning	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: KY District: 4			

Full Name (Last, First, Middle Initial) B. Rob Andrews for Congress Committee		Transaction ID: B619215 Date of Disbursement 08 / 19 / 2003	
Mailing Address 20 Brace Road Suite 200		Amount of Each Disbursement this Period 1000.00	
City Cherry Hill	State NJ	Zip Code 08034	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. Robert E. Andrews	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NJ District: 1			

Full Name (Last, First, Middle Initial) C. A Lot of People for Dave Obey		Transaction ID: B619195 Date of Disbursement 08 / 19 / 2003	
Mailing Address P.O. Box 1322		Amount of Each Disbursement this Period 1000.00	
City Wausau	State WI	Zip Code 54402	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. David R. Obey	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: WI District: 7			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 / 30			
	<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. Nita Lowey For Congress			Transaction ID: B619225 Date of Disbursement 08 / 19 / 2003			
Mailing Address 1185 Avenue of the Americas			Amount of Each Disbursement this Period 1000.00			
City New York	State NY	Zip Code 10036			011 Category/ Type	
Purpose of Disbursement						
Candidate Name Ms. Nita M. Lowey						
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio					
State: NY	District: 18					

Full Name (Last, First, Middle Initial) B. Jim Ramstad Volunteer Committee			Transaction ID: B619261 Date of Disbursement 08 / 19 / 2003			
Mailing Address 8100 Penn Ave., South, Ste 104			Amount of Each Disbursement this Period 1000.00			
City Bloomington	State MN	Zip Code 55431			011 Category/ Type	
Purpose of Disbursement						
Candidate Name Mr. Jim Ramstad						
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio					
State: MN	District: 3					

Full Name (Last, First, Middle Initial) C. Friends of Roger Wicker			Transaction ID: B619206 Date of Disbursement 08 / 19 / 2003			
Mailing Address P.O. Box 874			Amount of Each Disbursement this Period 1000.00			
City Tupelo	State MS	Zip Code 38802			011 Category/ Type	
Purpose of Disbursement						
Candidate Name Mr. Roger Wicker						
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio					
State: MS	District: 1					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 30 / 30	
	<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. Volunteers For Shimkus		Transaction ID: B619200 Date of Disbursement 08 / 19 / 2003	
Mailing Address P.O. Box 5458 PO Box 5458			
City Springfield	State IL	Zip Code 62705	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. John Shimkus			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: IL	District: 20		

Full Name (Last, First, Middle Initial) B. Pryce For Congress		Transaction ID: B619416 Date of Disbursement 08 / 19 / 2003	
Mailing Address 145 E. Rich Street			
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Deborah Pryce			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: OH	District: 15		

Full Name (Last, First, Middle Initial) C. Chris John For Congress		Transaction ID: B619250 Date of Disbursement 08 / 19 / 2003	
Mailing Address P.O. Drawer 307			
City Crowley	State LA	Zip Code 70527	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Christopher John			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: LA	District: 7		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	12000.00