

**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)

X Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day

Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2004

through

07

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

08

17

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

Write or Type Committee Name

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

Report Covering the Period: From: ^M07 ^D01 ^Y2004 To: ^M07 ^D31 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		396695.75
(b) Cash on Hand at Beginning of Reporting Period	365304.44	
(c) Total Receipts (from Line 19)	20977.55	202210.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	366261.99	598906.39
<hr/>		
7. Total Disbursements (from Line 31)	31500.00	244124.40
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	354761.99	354761.99
<hr/>		
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: ^M07 ^D01 ^Y2004 To: ^M07 ^D31 ^Y2004

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)	9460.00	
(ii) Unitemized	10067.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	19527.00	186206.02
(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)	19527.00	186206.02
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1450.55	14004.62
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))	20977.55	202210.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20977.55	202210.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	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.....	31500.00	243500.00
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	500.00
(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	500.00
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))..	31500.00	244124.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31500.00	244124.40

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)	19527.00	186206.02
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19527.00	185706.02
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 / 28

(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) A. Dr. Clarence Milton Stewart		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 712 Costmary Ln.		Transaction ID: 9886302
City Knightdale	State NC	Zip Code 27545-7626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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. Dr. Howard B. Seyfert, Jr.		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 21364 Westover Cir.		Transaction ID: 9886300
City Riverside	State CA	Zip Code 92518-2923
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles John Gudas		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 100 Rutledge Ave		Transaction ID: 9886289
City Charleston	State SC	Zip Code 29401-1723
FEC ID number of contributing federal political committee. C		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)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 28

(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Rick F. Martin</p> <p>Mailing Address 720 Aldinger Dr.</p> <p>City State Zip Code Dallastown PA 17313-9232</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Martin Foot & Ankle Center</p> <p>Occupation Podiatrist</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004</p> <p>Transaction ID: 9886378</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dr. Thomas F. Vail</p> <p>Mailing Address 201 Mohican Rd.</p> <p>City State Zip Code Findlay OH 45840-6322</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed</p> <p>Occupation Podiatrist</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>		<p>Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004</p> <p>Transaction ID: 9886298</p> <p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name (Last, First, Middle Initial) Dr. Ralph S. Sprinda</p> <p>Mailing Address 278 Old Augusta Dr. P.O. Box 2518</p> <p>City State Zip Code Pawleys Island SC 29585-7310</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Georgetown Podiatry Group P.C.</p> <p>Occupation Podiatrist</p> <p>Receipt For: Primary General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>		<p>Date of Receipt M / D / Y Y Y Y 07 / 01 / 2004</p> <p>Transaction ID: 9886201</p> <p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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 / 28

(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. Alan Hartstein		Date of Receipt M / D / Y 07 / 01 / 2004
Mailing Address 578D Descartes Cir.		Transaction ID: 9886305
City Boynton Beach	State FL	Zip Code 33437-2429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard A. Armstrong		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 342A Gifford St.		Transaction ID: 9886131
City Falmouth	State MA	Zip Code 02540-2949
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Falmouth Podiatry	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John D. Ruff		Date of Receipt M / D / Y 07 / 02 / 2004
Mailing Address 6801 N. Ruff Ln.		Transaction ID: 9886139
City Peoria	State IL	Zip Code 61614-2843
FEC ID number of contributing federal political committee. C		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)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(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. Stephen E. Schwartz		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2004	
Mailing Address 100 S. Doheny #218		Transaction ID: 9888664	
City State Zip Code Los Angeles CA 90048-2826	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Dr. John V. Simons		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2004	
Mailing Address 6321 Southwinds Dr.		Transaction ID: 8832115	
City State Zip Code North Little Rock AR 72118-5201	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Michael A. Zapf		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2004	
Mailing Address 5880 E. Sunny Vista Ave.		Transaction ID: 8885084	
City State Zip Code Agoura Hills CA 91377-1020	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Agoura-Los Robles Podiatry Centers	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28
(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. Alfred Anthony Patino		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2004
Mailing Address 1000 Delbon Ave. #7		Transaction ID: 9886183
City Turlock	State CA	Zip Code 95382-2008
FEC ID number of contributing federal political committee. C		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. Stephen R. Roberts		Date of Receipt M / D / Y Y Y Y 07 / 06 / 2004
Mailing Address 12760 Canyonwind Rd.		Transaction ID: 9885083
City Riverside	State CA	Zip Code 92509-9757
FEC ID number of contributing federal political committee. C		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) C. Dr. Arnold L. Sardin		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 3400 W. Lomita Blvd. #403		Transaction ID: 9889302
City Torrance	State CA	Zip Code 90505-4530
FEC ID number of contributing federal political committee. C		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)	1000.00
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 / 28

(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. Bruce A. Olson		Date of Receipt M / D / Y 07 / 07 / 2004
Mailing Address 8000 Bridgeview Dr.		Transaction ID: 9889314
City Ventura	State CA	Zip Code 93003-1126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Karan L. Wrubel		Date of Receipt M / D / Y 07 / 07 / 2004
Mailing Address 87 Alberto Ct.		Transaction ID: 9891702
City Rancho Palos Verde	State CA	Zip Code 90275-5383
FEC ID number of contributing federal political committee. C		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) C. Dr. Darck A. Bell		Date of Receipt M / D / Y 07 / 07 / 2004
Mailing Address 87 Albert Ct		Transaction ID: 9891703
City Rancho Palos Verde	State CA	Zip Code 90275-5383
FEC ID number of contributing federal political committee. C		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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 12 / 28
(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. Ronald R. Vanderheyden		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 1011 S. Santa Fe Ave. #F		Transaction ID: 9889301
City	State	Zip Code
Vista	CA	92083-6818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Foot Specialists of N. Co. Pod. Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven L. Ginn		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 77685 Justin Ct.		Transaction ID: 9889308
City	State	Zip Code
Palm Desert	CA	92211-6238
FEC ID number of contributing federal political committee. C		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) C. Dr. William H. Debdoub		Date of Receipt M / D / Y Y Y Y 07 / 07 / 2004
Mailing Address 100 Ayshire Ct		Transaction ID: 9932129
City	State	Zip Code
Slidell	LA	70461-5034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. Angela P. Dominique		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 8575 Mill Creek Cir.		Transaction ID: 9932099
City Birmingham	State AL	Zip Code 35242-7322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Futondale Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lawrence R. Gaston, Jr.		Date of Receipt M / D / Y 07 / 09 / 2004
Mailing Address 4217 Wimbledon		Transaction ID: 9932100
City Lawrence	State KS	Zip Code 66047-2034
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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) C. Dr. James E. Ulsa		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 1327 Pressler Ct. S.		Transaction ID: 9948743
City Salem	State OR	Zip Code 97308-2165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cascade Foot Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	450.00
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 14 / 28

(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. Reuel D. Estes		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 207 S. Halcyon Rd.		Transaction ID: 9948741
City Arroyo Grande	State CA	Zip Code 93420-3117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 260.00
Name of Employer Arroyo Grande Foot Health Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 260.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William A. Peterson		Date of Receipt M / D / Y 07 / 12 / 2004
Mailing Address 638 Brevard Ave.		Transaction ID: 9948746
City Cocoa	State FL	Zip Code 32922-7854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Neil J. Kanner		Date of Receipt M / D / Y 07 / 13 / 2004
Mailing Address 1840 Lippincott Rd.		Transaction ID: 9948757
City Huntingdon Valley	State PA	Zip Code 19008-7525
FEC ID number of contributing federal political committee. C		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)	▶	710.00
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 / 28
(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. Mark Hays		Date of Receipt M / D / Y Y Y Y 07 / 13 / 2004
Mailing Address 1024 Tramway Ln. N.W.		Transaction ID: 9932092
City	State	Zip Code
Albuquerque	NM	87122-1317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Albuquerque Associated Podiatrists	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John N. Evans		Date of Receipt M / D / Y Y Y Y 07 / 13 / 2004
Mailing Address 547 E. Huron		Transaction ID: 9948753
City	State	Zip Code
Milford	MI	48381-2424
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. Patricia A. Chapman		Date of Receipt M / D / Y Y Y Y 07 / 14 / 2004
Mailing Address 1004 Cherry St		Transaction ID: 9935844
City	State	Zip Code
Albany	IA	61230-9797
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: PAGE 16 / 28
(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. Marc Weitzman		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 10425 Kingston		Transaction ID: 9948773
City Huntington Woods	State MI	Zip Code 48070-1113
FEC ID number of contributing federal political committee. C		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. Charles M. Lombardi		Date of Receipt M / D / Y 07 / 15 / 2004
Mailing Address 166-02 12th Rd.		Transaction ID: 9948776
City Beechhurst	State NY	Zip Code 11357-2806
FEC ID number of contributing federal political committee. C		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) C. Dr. Steven M. Vines		Date of Receipt M / D / Y 07 / 19 / 2004
Mailing Address 359 S. San Clemente		Transaction ID: 9980503
City Ventura	State CA	Zip Code 93001-3881
FEC ID number of contributing federal political committee. C		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)	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 17 / 28
(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. Daniel Bangart		Date of Receipt M / D / Y Y Y Y 07 / 10 / 2004
Mailing Address 735D W. Pershing		Transaction ID: 0960507
City Peoria	State AZ	Zip Code 85381-6021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael W. Ward		Date of Receipt M / D / Y Y Y Y 07 / 10 / 2004
Mailing Address 1951 S. Grandview		Transaction ID: 0960505
City Dubuque	State IA	Zip Code 52003-7922
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) C. Dr. Eugene E. Spector		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2004
Mailing Address 1291 Crestview Dr.		Transaction ID: 09487B4
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	

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 18 / 28
(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. Troy David Zimbelman		Date of Receipt 07 / 27 / 2004	
Mailing Address 121 E. Poplar St.		Transaction ID: 9960502	
City Prattville	State AL	Zip Code 36066-3638	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	9460.00

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

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

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)		Date of Receipt	
A. Investment Account, Interest/Dividends		M M / U U / Y Y Y Y	
Mailing Address 100 Light St., 19th Floor		07 / 01 / 2004	
P.O. Box 1476		Transaction ID: 9948857	
City	State	Zip Code	Amount of Each Receipt this Period
Baltimore	MD	21202-1036	1450.55
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation	interest income	
Legg Mason Wood Walker, Inc.	Investment Firm		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	6084.43		
Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	1450.55
TOTAL This Period (last page this line number only)	▶	1450.55

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 28

<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. Cubin For Congress Inc			Transaction ID: 9885010 Date of Disbursement 07 / 02 / 2004		
Mailing Address P.O. Box 4657 P O Box 4657			Amount of Each Disbursement this Period 1000.00		
City Casper	State WY	Zip Code 82604	011 Category/ Type		
Purpose of Disbursement 2004 Primary Election			2004 Primary Election		
Candidate Name Rep. Barbara Cubin					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				
State: WY District: 1					

Full Name (Last, First, Middle Initial) B. Congressman Waxman Campaign Committee			Transaction ID: 9885013 Date of Disbursement 07 / 02 / 2004		
Mailing Address 8665 Wilshire Blvd. #220			Amount of Each Disbursement this Period 1000.00		
City Beverly Hills	State CA	Zip Code 90211	011 Category/ Type		
Purpose of Disbursement 2004 General Election			2004 General Election		
Candidate Name Rep. Henry A. Waxman					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General				
State: CA District: 30					

Full Name (Last, First, Middle Initial) C. Pickering For Congress			Transaction ID: 9885008 Date of Disbursement 07 / 02 / 2004		
Mailing Address Po Box 6440			Amount of Each Disbursement this Period 1000.00		
City Laurel	State MS	Zip Code 39441	011 Category/ Type		
Purpose of Disbursement 2004 General Election			2004 General Election		
Candidate Name Charles W. Pickering, Jr.					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General				
State: MS District: 3					

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 21 / 28

<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

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
State: TX District: 28
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 9885014

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

2004 General Election

Full Name (Last, First, Middle Initial)
B. Steve Rothman For Congress Inc.

Mailing Address Post Office Box 714

City Hackensack State NJ Zip Code 07602

Purpose of Disbursement
2004 General Election

Candidate Name
Mr. Steven Rothman

Office Sought: House Senate President
State: NJ District: 9
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 9885015

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

2004 General Election

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

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2004 General Election

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: 9885009

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

2004 General Election

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 22 / 28

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

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

Full Name (Last, First, Middle Initial)
A. Lee Terry For Congress

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Lee Terry

Office Sought: House Senate President
State: NE District: 2

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

Transaction ID: 9885012
Date of Disbursement
07 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
B. Lofgren For Congress

Mailing Address 50 W. San Fernando Ste. 350

City San Jose State CA Zip Code 95113

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Zoe Lofgren

Office Sought: House Senate President
State: CA District: 16

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

Transaction ID: 9885011
Date of Disbursement
07 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
C. The Hawkeye PAC

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
2004 General Election

Candidate Name

Office Sought: House Senate President
State: District: 0

Disbursement For: 2004
Primary General
Other (specify) ▼

Transaction ID: 9884998
Date of Disbursement
07 / 02 / 2004

Amount of Each Disbursement this Period
5000.00

011
Category/
Type
2004 General Election

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 28

<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. Stenholm For Congress Committee		Transaction ID: 9930152 Date of Disbursement 07 / 12 / 2004	
Mailing Address P. O. Box 1032		Amount of Each Disbursement this Period 1000.00	
City Stamford	State TX	Zip Code 79553	011 Category/ Type 2004 General Election
Purpose of Disbursement 2004 General Election			
Candidate Name Rep. Charles W. Stenholm			
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 General		
State: TX District: 17			

Full Name (Last, First, Middle Initial) B. Friends Of Farr		Transaction ID: 9930154 Date of Disbursement 07 / 12 / 2004	
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00	
City Sacramento	State CA	Zip Code 95814	011 Category/ Type 2004 General Election
Purpose of Disbursement 2004 General Election			
Candidate Name Rep. Sam Farr			
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 General		
State: CA District: 17			

Full Name (Last, First, Middle Initial) C. Martin Frost Campaign Committee		Transaction ID: 9930149 Date of Disbursement 07 / 12 / 2004	
Mailing Address 400 S. Zang Suite 1414		Amount of Each Disbursement this Period 1000.00	
City Dallas	State TX	Zip Code 75208	011 Category/ Type 2004 General Election
Purpose of Disbursement 2004 General Election			
Candidate Name Rep. Martin Frost			
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 General		
State: TX District: 24			

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 24 / 28

<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. Insliee For Congress		Transaction ID: 9930156 Date of Disbursement 07 / 12 / 2004	
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 1000.00	
City Seattle	State WA	Zip Code 98133	011 Category/ Type 2004 Primary Election
Purpose of Disbursement 2004 Primary Election			
Candidate Name Rep. Jay Insliee			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 1	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) B. Joe Wilson For Congress Committee		Transaction ID: 9930153 Date of Disbursement 07 / 12 / 2004	
Mailing Address 2988 Sunset Blvd.		Amount of Each Disbursement this Period 1000.00	
City West Columbia	State SC	Zip Code 29171	011 Category/ Type 2004 General Election
Purpose of Disbursement 2004 General Election			
Candidate Name Rep. Joe Wilson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 2	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		

Full Name (Last, First, Middle Initial) C. Bill Thomas Campaign Committee		Transaction ID: 9942019 Date of Disbursement 07 / 16 / 2004	
Mailing Address PO Box 395		Amount of Each Disbursement this Period 1500.00	
City Bakersfield	State CA	Zip Code 93302	011 Category/ Type 2004 General Election
Purpose of Disbursement 2004 General Election			
Candidate Name Rep. William M. Thomas			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		

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 25 / 28

<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. Whitfield For Congress Committee		Transaction ID: 9942017 Date of Disbursement 07 / 16 / 2004	
Mailing Address P.O. Box 391		Amount of Each Disbursement this Period 1000.00	
City Hopkinsville State KY Zip Code 42241	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Ed Whitfield	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: KY District 1			

Full Name (Last, First, Middle Initial) B. Boswell For Congress		Transaction ID: 9942014 Date of Disbursement 07 / 16 / 2004	
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00	
City Des Moines State IA Zip Code 50300	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Leonard L. Boswell	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: IA District 3			

Full Name (Last, First, Middle Initial) C. Bass Victory Committee		Transaction ID: 9942015 Date of Disbursement 07 / 16 / 2004	
Mailing Address PO Box 3451 PO Box 3451		Amount of Each Disbursement this Period 1000.00	
City Concord State NH Zip Code 03302	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Charles F. Bass	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: NH District 2			

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 26 / 28

<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 Bud Cramer			Transaction ID: 9942020 Date of Disbursement 07 / 16 / 2004		
Mailing Address P.O. Box 2621			Amount of Each Disbursement this Period 1000.00		
City Huntsville	State AL	Zip Code 35804	011 Category/ Type 2004 General Election		
Purpose of Disbursement 2004 General Election					
Candidate Name Rep. Robert E. Cramer, Jr.					
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 General				
State: AL District 5					

Full Name (Last, First, Middle Initial) B. Demint For Senate Committee Inc			Transaction ID: 9942021 Date of Disbursement 07 / 16 / 2004		
Mailing Address 701 Gervais Street Suite 150-178			Amount of Each Disbursement this Period 1000.00		
City Columbia	State SC	Zip Code 29201	011 Category/ Type 2004 General Election		
Purpose of Disbursement 2004 General Election					
Candidate Name Mr. James Demint					
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: SC District 2					

Full Name (Last, First, Middle Initial) C. Porter For Congress			Transaction ID: 9942022 Date of Disbursement 07 / 16 / 2004		
Mailing Address PO Box 26087			Amount of Each Disbursement this Period 1000.00		
City Las Vegas	State NV	Zip Code 89126	011 Category/ Type 2004 Primary Election		
Purpose of Disbursement 2004 Primary Election					
Candidate Name Rep. Jon C. Porter					
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: NV District 3					

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

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

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

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PAGE 27 / 28

<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. Conaway For Congress

Mailing Address 907 MORGAN AVE

City PALMYRA State NJ Zip Code 08065

Purpose of Disbursement
2004 General Election

Candidate Name
Herb Conaway

Office Sought: House
Senate
President

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

State: NJ District 3

Transaction ID: 9942030
Date of Disbursement
07 / 16 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
B. Wynn for Congress

Mailing Address P.O. Box 5323

City Capitol Heights State MD Zip Code 20701

Purpose of Disbursement
2004 General Election

Candidate Name
Mr. Albert R. Wynn

Office Sought: House
Senate
President

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

State: MD District 4

Transaction ID: 9959790
Date of Disbursement
07 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
C. Friends Of Roy Blunt

Mailing Address PO Box 50100
PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. Roy Blunt

Office Sought: House
Senate
President

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

State: MO District 7

Transaction ID: 9959787
Date of Disbursement
07 / 26 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 Primary Election

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

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

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

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PAGE 28 / 28

<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. Davis for Congress		Transaction ID: 9959792 Date of Disbursement 07 / 26 / 2004	
Mailing Address 5630 W. Division St.		Amount of Each Disbursement this Period 1000.00	
City Chicago State IL Zip Code 60651	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Mr. Danny K. Davis	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: IL District: 7			

Full Name (Last, First, Middle Initial) B. Obama For Illinois Inc		Transaction ID: 9959791 Date of Disbursement 07 / 26 / 2004	
Mailing Address P.O. Box 802799		Amount of Each Disbursement this Period 1000.00	
City Chicago State IL Zip Code 60680	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Barack Obama	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 2			

Full Name (Last, First, Middle Initial) C. Price For Congress		Transaction ID: 9959793 Date of Disbursement 07 / 26 / 2004	
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1000.00	
City Roswell State GA Zip Code 30077	Purpose of Disbursement 2004 Primary Run-Off	011 Category/ Type	2004 Primary Run-Off
Candidate Name Mr. Thomas Price	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Runoff		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6			

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	31500.00