

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

X

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

08

01

2004

through

08

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

09

15

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^M08 ^{: :}01 ^{Y (Y) Y}2004 To: ^M08 ^{: :}31 ^{Y (Y) Y}2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y (Y) Y} 2004		396695.75
(b) Cash on Hand at Beginning of Reporting Period	354761.99	
(c) Total Receipts (from Line 19)	33779.39	235990.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	368561.38	632685.78
<hr/>		
7. Total Disbursements (from Line 31)	14000.00	258124.40
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	374561.38	374561.38
<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: ^M08 ⁻01 ⁻2004 To: ^M08 ⁻31 ⁻2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15750.00	
(ii) Unitemized	17738.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	33488.00	219694.02
(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)	33488.00	219694.02
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.)	291.39	14296.01
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))	33779.39	235990.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33779.39	235990.03

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.....	14000.00	257500.00
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))..	14000.00	258124.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	14000.00	258124.40

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)	33488.00	219694.02
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33488.00	219194.02
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. Maria del Pilar Elise Ahny		Date of Receipt M / D / Y 08 / 01 / 2004
Mailing Address Virginia Mason Medical Center Mail Stop 6X-ORT		Transaction ID: 10006579
City Seattle	State WA	Zip Code 98111-0800
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. Gene J. Pusateri		Date of Receipt M / D / Y 08 / 01 / 2004
Mailing Address 33 Redfern Dr.		Transaction ID: 10006584
City Youngstown	State OH	Zip Code 44505-1651
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. David Freedman		Date of Receipt M / D / Y 08 / 01 / 2004
Mailing Address 212B Rose Theatre Cir.		Transaction ID: 10006580
City Olney	State MD	Zip Code 20832-1677
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)
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

Full Name (Last, First, Middle Initial) A. Dr. Scott M. Soulier		Date of Receipt M / D / Y 08 / 01 / 2004
Mailing Address 102B1 S. 1000 W.		Transaction ID: 10006578
City South Jordan	State UT	Zip Code 84095-8826
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. Lawrence B. Harkless		Date of Receipt M / D / Y 08 / 05 / 2004
Mailing Address 13103 Country Trl.		Transaction ID: 10026160
City San Antonio	State TX	Zip Code 78216-2330
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. Melissa Ann Monson		Date of Receipt M / D / Y 08 / 05 / 2004
Mailing Address 45-F Division St.		Transaction ID: 10026270
City Eugene	State OR	Zip Code 97404-2483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Santa Clara Foot Care Cen- ter	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)
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. Daniel F. Ryan		Date of Receipt M / D / Y 08 / 09 / 2004
Mailing Address 16288 Birchwood Ln		Transaction ID: 10038045
City Brainerd	State MN	Zip Code 56401-6183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Brainerd Medical Center, P.A.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anthony R. Iorio		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 238 Wilton Rd.		Transaction ID: 10026424
City Westport	State CT	Zip Code 06880-2338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fairfield Podiatry Associ- ates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Keith A. Turington		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 10000 Watson Rd. #2R		Transaction ID: 10037888
City Saint Louis	State MO	Zip Code 63128-1854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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ITEMIZED RECEIPTS**

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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. William N. McCann		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2004
Mailing Address 18 Jonathan Ln.		Transaction ID: 10026423
City	State	Zip Code
Bow	NH	03304-3713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Affiliates in Podiatry	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Lisa Cornelius		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2004
Mailing Address 3206 N.W. Twinberry St.		Transaction ID: 10026275
City	State	Zip Code
Corvallis	OR	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	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Hal Orstein		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2004
Mailing Address 5 Amanda Ln.		Transaction ID: 10026401
City	State	Zip Code
Howell	NJ	07731-8541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Affiliated Foot & Ankle Center, L.L.P.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
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. Robert P. Matuz		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 464 Hillside Ave.		Transaction ID: 10026408
City	State	Zip Code
Naugatuck	CT	06770-2726
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. Kristin K. Titko		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 11092 Allenhurst Blvd.		Transaction ID: 10026402
City	State	Zip Code
Cincinnati	OH	45241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Podiatry of Hamilton, Inc.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Raymond Posa		Date of Receipt M / D / Y 08 / 10 / 2004
Mailing Address 104 Casino Dr.		Transaction ID: 10026422
City	State	Zip Code
Farmingdale	NJ	07727-5702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer R. Francis Associates	Occupation Webmaster	Aggregate Year-to-Date ▼ 250.00
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**

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FOR LINE NUMBER: PAGE 11 / 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 M. Hagan		Date of Receipt M / D / Y 08 / 11 / 2004
Mailing Address 109 Silver Leaf Dr.		Transaction ID: 10037744
City Jacksonville	State NC	Zip Code 28546-7360
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. Paul D. Weiner		Date of Receipt M / D / Y 08 / 12 / 2004
Mailing Address 11 Flemingtowne Ctr.		Transaction ID: 10037711
City Vallejo	State CA	Zip Code 94589-2907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Vallejo Foot & Ankle Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas S. Murray		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 10812 S.E. 3rd St.		Transaction ID: 10037852
City Midwest City	State OK	Zip Code 73130-5104
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)	300.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 12 / 28
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 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. Benjamin W. Weaver		Date of Receipt M / D / Y 08 / 13 / 2004
Mailing Address 44 Townshp Rd. 137D		Transaction ID: 10037883
City Proctorville	State OH	Zip Code 45669-8053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Weaver's Podiatry Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kris A. DiNucci		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 12712 Orchard Cir.		Transaction ID: 10038391
City Omaha	State NE	Zip Code 68137-1923
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Foot Health Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Allan Anderson		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address Rt. 1 Box 13B-18		Transaction ID: 10061885
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	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 13 / 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. David Glen Wade		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 1804 Elmhurst Ave.		Transaction ID: 10061884
City Oklahoma City	State OK	Zip Code 73120-4718
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. Jeffrey Miller		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 1117 Hwy. 48 #201		Transaction ID: 10061887
City Clifton	State NJ	Zip Code 07013-2450
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Affiliated Foot & Ankle Spec. of Clft	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Guadara		Date of Receipt M / D / Y 08 / 16 / 2004
Mailing Address 782 Norman Rd.		Transaction ID: 10061898
City Ridgefield	State NJ	Zip Code 07857-1320
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 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. Alan R. Warren		Date of Receipt M / D / Y 08 / 17 / 2004
Mailing Address 4445 Stoneview		Transaction ID: 10042693
City West Bloomfield	State MI	Zip Code 48322-3497
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard A. Keh		Date of Receipt M / D / Y 08 / 17 / 2004
Mailing Address 40 Galleria Dr.		Transaction ID: 10042695
City SAN ANTONIO	State TX	Zip Code 78257-1712
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Alamo Foot Center	Occupation podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Milton J. Stern		Date of Receipt M / D / Y 08 / 18 / 2004
Mailing Address 6970 Burtanwood Dr.		Transaction ID: 10051388
City West Bloomfield	State MI	Zip Code 48322-5249
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	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 / 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Craig F. Sherwood		Date of Receipt M / D / Y Y Y Y 08 / 10 / 2004
Mailing Address 1386 Deer Field St		Transaction ID: 10061343
City Saint Joseph	State MI	Zip Code 49085-0746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer St. Joseph Family Podiatry Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edward R. Neuwahuis, Sr.		Date of Receipt M / D / Y Y Y Y 08 / 20 / 2004
Mailing Address 779 Albermarle St		Transaction ID: 10061621
City Wyckoff	State NJ	Zip Code 07481-1075
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) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Chris C. Panagoulas		Date of Receipt M / D / Y Y Y Y 08 / 20 / 2004
Mailing Address 30 Bates Dr.		Transaction ID: 10061610
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	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1100.00
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)

<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. Andrew V. Wahl		Date of Receipt M / D / Y 08 / 20 / 2004
Mailing Address 17880 Richmond Rd.		Transaction ID: 10081619
City Plainfield	State IL	Zip Code 60544-8219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Essington Podiatry Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Alan K. Meuser		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 425 S. Sherrin Ave.		Transaction ID: 10072139
City Louisville	State KY	Zip Code 40207-3817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael Moley		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 1345 Sunburst		Transaction ID: 10072158
City Northbrook	State IL	Zip Code 60062-4280
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)	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: 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. Fortune Mawuda		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 175 E. Delaware #7701		Transaction ID: 10072140
City Chicago	State IL	Zip Code 60611-7742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Foot & Ankle Clinics of America	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Craig S. Schein		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 4573 Bayley Hazen Rd.		Transaction ID: 10059884
City Peacham	State VT	Zip Code 05862
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. Steven B. Epstein		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 1809 Ridgeway Dr.		Transaction ID: 10059888
City Hewlett	State NY	Zip Code 11557-1820
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)	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: 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. Scott A. Hamilton		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 8141 Rourke St.		Transaction ID: 10072144
City Myrtle Beach	State SC	Zip Code 29572-4128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Coastal Podiatry Associates, PA	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Matthew A. Parmenter		Date of Receipt M / D / Y 08 / 23 / 2004
Mailing Address 1345 Mercedes Dr.		Transaction ID: 10072148
City Bloomington	State IN	Zip Code 47401-8817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Kenneth K. S. Mah		Date of Receipt M / D / Y 08 / 24 / 2004
Mailing Address 14495 S.W. Allen Blvd. #101		Transaction ID: 10081814
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
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 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. Gerald R. Travers		Date of Receipt M / D / Y 08 / 24 / 2004
Mailing Address 50 Briarcrest Pl.		Transaction ID: 10061912
City	State	Zip Code
Colorado Springs	CO	80906-4426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pikes Peak Foot & Ankle Centers, P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Francis A. Hawthorn		Date of Receipt M / D / Y 08 / 24 / 2004
Mailing Address 3901 Central Pike #353		Transaction ID: 10072102
City	State	Zip Code
Hermitage	TN	37076-3422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John V. Gulliana		Date of Receipt M / D / Y 08 / 24 / 2004
Mailing Address 488 Schooleys Mountain Rd. #1B		Transaction ID: 10062073
City	State	Zip Code
Hackettstown	NJ	07840-4001
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)	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: PAGE 20 / 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 F. Byrd		Date of Receipt M / D / Y Y Y Y 08 / 25 / 2004
Mailing Address 815 N.W. 4th St.		Transaction ID: 10085254
City Pendleton	State OR	Zip Code 97801-1414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Mountain Foot Special- ists, P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kathryn Riffe		Date of Receipt M / D / Y Y Y Y 08 / 25 / 2004
Mailing Address 807D N. Main St.		Transaction ID: 10072063
City Milan	State TN	Zip Code 38358-6377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Charles R. Chu		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2004
Mailing Address 545B 158th Ave. S.E.		Transaction ID: 10085827
City Bellevue	State WA	Zip Code 98008-5112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Factoria Foot & Ankle Cli- nic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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: PAGE 21 / 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. C. Michael Irvin		Date of Receipt M / D / Y 08 / 26 / 2004
Mailing Address 31 Blair Ct		Transaction ID: 10065629
City Waynesburg	State PA	Zip Code 15370-8246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Greene Podiatry Associate- s, Inc.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. David S. Unger		Date of Receipt M / D / Y 08 / 26 / 2004
Mailing Address 28130 Raine St.		Transaction ID: 10065633
City Oak Park	State MI	Zip Code 48237-1024
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. Paula F. Ruggalls		Date of Receipt M / D / Y 08 / 26 / 2004
Mailing Address 31 Blair Ct		Transaction ID: 10065628
City Waynesburg	State PA	Zip Code 15370-8246
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Greene Podiatry Associate- s, Inc.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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 22 / 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. Philip E. Ward		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2004
Mailing Address 85 Shadow Ln.		Transaction ID: 10085621
City	State	Zip Code
Whispering Pines	NC	28327-9359
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Foot & Ankle Center of NC	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Carlos F. Smith		Date of Receipt M / D / Y Y Y Y 08 / 26 / 2004
Mailing Address 2026 W. Hunt Ave.		Transaction ID: 10085635
City	State	Zip Code
Chicago	IL	60620-5434
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) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Dale Mark Rosenblum		Date of Receipt M / D / Y Y Y Y 08 / 27 / 2004
Mailing Address 130B1 Lariat Ln.		Transaction ID: 10072100
City	State	Zip Code
Santa Ana	CA	92705-2244
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)	1050.00
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 23 / 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. S. Ronald Miller		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 14 Courtleigh Pl.		Transaction ID: 10072166
City Reading	State PA	Zip Code 19606-2841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Berkshire Podiatry Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Steven M. Spinner		Date of Receipt M / D / Y 08 / 31 / 2004
Mailing Address 1031 Coralina Ln.		Transaction ID: 10072166
City Delray Beach	State FL	Zip Code 33483-6792
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	15750.00

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

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

FOR LINE NUMBER: PAGE 24 / 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 P.O. Box 1476		08 / 01 / 2004	
City	State	Zip Code	Transaction ID: 10072251
Baltimore	MD	21202-1036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	291.39
Name of Employer Lagj Mason Wood Walker Inc.	Occupation Investment Firm	Aggregate Year-to-Date ▼	interest income
Receipt For: Primary General Other (specify) ▼		7275.82	

SUBTOTAL of Receipts This Page (optional)	▶	291.39
TOTAL This Period (last page this line number only)	▶	291.39

**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. Grassley Committee		Transaction ID: 10012788 Date of Disbursement 08 / 06 / 2004	
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 2000.00	
City Des Moines State IA Zip Code 50304	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Sen. Charles E. Grassley	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: IA District 1		

Full Name (Last, First, Middle Initial) B. Schultz Debbie Wasserman		Transaction ID: 10012788 Date of Disbursement 08 / 06 / 2004	
Mailing Address 4479 Foxglove Ln		Amount of Each Disbursement this Period 1000.00	
City Weston State FL Zip Code 33331	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Debbie Schultz	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: FL District 20		

Full Name (Last, First, Middle Initial) C. Pallone For Congress		Transaction ID: 10051888 Date of Disbursement 08 / 18 / 2004	
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00	
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Frank Pallone, Jr.	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: NJ District 6		

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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	<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. Pete Stark Re-Election Committee		Transaction ID: 10087670 Date of Disbursement 08 / 30 / 2004	
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 2000.00	
City Fremont State CA Zip Code 94537	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Fortney Pete Stark	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District 13			

Full Name (Last, First, Middle Initial) B. Hulshof for Congress		Transaction ID: 10087664 Date of Disbursement 08 / 30 / 2004	
Mailing Address P.O. Box 1621		Amount of Each Disbursement this Period 1000.00	
City Columbia State MO Zip Code 65205	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Mr. Kenny Hulshof	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: MO District 8			

Full Name (Last, First, Middle Initial) C. Friends Of Maurice Hinchey		Transaction ID: 10087666 Date of Disbursement 08 / 30 / 2004	
Mailing Address PO Box 4487		Amount of Each Disbursement this Period 1000.00	
City Kingston State NY Zip Code 12402	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Maurice D. Hinchey	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District 22			

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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 / 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 Roger Wicker		Transaction ID: 10087671 Date of Disbursement 08 / 30 / 2004	
Mailing Address P.O. Box 874		Amount of Each Disbursement this Period 2000.00	
City Tupelo	State MS	Zip Code 38802	011 Category/ Type
Purpose of Disbursement 2004 General Election			
Candidate Name Mr. Roger Wicker			
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		2004 General Election
State: MS District: 1			

Full Name (Last, First, Middle Initial) B. Michael Burgess For Congress		Transaction ID: 10087669 Date of Disbursement 08 / 30 / 2004	
Mailing Address P.O. Box 2334		Amount of Each Disbursement this Period 1000.00	
City Denton	State TX	Zip Code 76202	011 Category/ Type
Purpose of Disbursement 2004 General Election			
Candidate Name Rep. Michael C. Burgess, M.D.			
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		2004 General Election
State: TX District: 26			

Full Name (Last, First, Middle Initial) C. Menendez For Congress		Transaction ID: 10087665 Date of Disbursement 08 / 30 / 2004	
Mailing Address P.O. Box 848		Amount of Each Disbursement this Period 1000.00	
City Union City	State NJ	Zip Code 07087	011 Category/ Type
Purpose of Disbursement 2004 General Election			
Candidate Name Rep. Robert Menendez			
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		2004 General Election
State: NJ District: 13			

SUBTOTAL of Disbursements This Page (optional) ► **4000.00**

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 / 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. Steve Israel For Congress Committee

Mailing Address PO Box 777

City Deer Park State NY Zip Code 11729

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. Steve J. Israel

Office Sought: House Senate President
State: NY District 2

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

Transaction ID: 10087667
Date of Disbursement
08 / 30 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 Primary Election

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

Mailing Address P.O. Box 1560

City Green Island State NY Zip Code 12183

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. Michael R. McNulty

Office Sought: House Senate President
State: NY District 21

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

Transaction ID: 10087668
Date of Disbursement
08 / 30 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 Primary Election

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	14000.00