

**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

C00008839

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)

X January 31 Quarterly Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (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

11

29

2004

through

12

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

01

26

2005

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: ^M11 ^D23 ^Y2004 To: ^M12 ^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	292406.12	
(c) Total Receipts (from Line 19)	13443.81	314210.30
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	305849.93	710906.05
<hr/>		
7. Total Disbursements (from Line 31)	21743.75	426799.87
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	284106.18	284106.18
<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: ^M11 ^D23 ^Y2004 To: ^M12 ^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)	5136.25	
(ii) Unitemized	8167.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	13303.25	29385.27
(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)	13303.25	29385.27
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	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	140.56	14859.03
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))	13443.81	314210.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13443.81	314210.30

DETAILED SUMMARY PAGE

of Disbursements

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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.....	243.75	373.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	243.75	373.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	425800.00
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	125.97
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))..	21743.75	426799.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	21743.75	426799.87

DETAILED SUMMARY PAGE
of Disbursements

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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)	13303.25	293851.27
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13303.25	293351.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	243.75	373.90
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	243.75	373.90

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

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

FOR LINE NUMBER: PAGE 6 / 20

(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. Scott Frederick Jorgensen		Date of Receipt M / D / Y 11 / 23 / 2004
Mailing Address 8917 Dawson Ln.		Transaction ID: 10390586
City Edina	State MN	Zip Code 55435-1601
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. Lee M. Humez		Date of Receipt M / D / Y 11 / 23 / 2004
Mailing Address 3 Devon Ct.		Transaction ID: 10390656
City Branford	State CT	Zip Code 06405-3865
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. Theresa Tapek		Date of Receipt M / D / Y 11 / 26 / 2004
Mailing Address 401 Bowling #57		Transaction ID: 10442588
City Nashville	State TN	Zip Code 37205-5125
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) ▼		

SUBTOTAL of Receipts TN's 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 / 20

(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. Beverly A. Spurs		Date of Receipt M / D / Y 11 / 20 / 2004
Mailing Address 3213 Oxford Pl.		Transaction ID: 10458696
City Concord	State CA	Zip Code 94518-1405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 T. Dudzinski		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 63 Sterling St.		Transaction ID: 10458701
City Sugar Land	State TX	Zip Code 77479-2935
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 ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard T. Dudzinski		Date of Receipt M / D / Y 11 / 30 / 2004
Mailing Address 63 Sterling St.		Transaction ID: 10458702
City Sugar Land	State TX	Zip Code 77479-2935
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 ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	375.00
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 8 / 20
(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

<p>Full Name (Last, First, Middle Initial) A. Dr. Brian W. Cornel</p> <p>Mailing Address 3 Algonquin Dr.</p> <hr/> <p>City State Zip Code Middletown RI 02842-4573</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004</p> <p>Transaction ID: 10451512</p> <hr/> <p>Amount of Each Receipt this Period -500.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 0.00</td> </tr> </table>	Name of Employer Self Employed	Occupation Podiatrist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	
Name of Employer Self Employed	Occupation Podiatrist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00				

<p>Full Name (Last, First, Middle Initial) B. Dr. Brian W. Cornel</p> <p>Mailing Address 3 Algonquin Dr.</p> <hr/> <p>City State Zip Code Middletown RI 02842-4573</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004</p> <p>Transaction ID: 10451545</p> <hr/> <p>Amount of Each Receipt this Period 450.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 450.00</td> </tr> </table>	Name of Employer Self Employed	Occupation Podiatrist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Name of Employer Self Employed	Occupation Podiatrist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				

<p>Full Name (Last, First, Middle Initial) C. Dr. Brian W. Cornel</p> <p>Mailing Address 3 Algonquin Dr.</p> <hr/> <p>City State Zip Code Middletown RI 02842-4573</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 02 / 2004</p> <p>Transaction ID: 10451560</p> <hr/> <p>Amount of Each Receipt this Period 50.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">Name of Employer Self Employed</td> <td style="width:65%;">Occupation Podiatrist</td> </tr> <tr> <td>Receipt For: Primary General Other (specify) ▼</td> <td>Aggregate Year-to-Date ▼ 500.00</td> </tr> </table>	Name of Employer Self Employed	Occupation Podiatrist	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Name of Employer Self Employed	Occupation Podiatrist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				

SUBTOTAL of Receipts This Page (optional)	0.00
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 / 20

(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. Gregory T. Amarasantos		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 1291 Lawrence		Transaction ID: 10451569
City Lake Forest	State IL	Zip Code 60045-3639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -500.00
Name of Employer Self Employed	Occupation Podiatrist	Correction for KC 15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) B. Dr. Gregory T. Amarasantos		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 1291 Lawrence		Transaction ID: 10451571
City Lake Forest	State IL	Zip Code 60045-3639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Correction for KC 15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Gregory T. Amarasantos		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 1291 Lawrence		Transaction ID: 10451572
City Lake Forest	State IL	Zip Code 60045-3639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	Correction for KC 15
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 10 / 20
(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 A. Lederman		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 14 Cedar Ridge Dr.		Transaction ID: 10451562
City	State	Zip Code
Farmington	CT	06032-1804
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 ▼ 0.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Marc A. Lederman		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 14 Cedar Ridge Dr.		Transaction ID: 10451563
City	State	Zip Code
Farmington	CT	06032-1804
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) ▼		

Correction for KC 15

Full Name (Last, First, Middle Initial) C. Dr. Marc A. Lederman		Date of Receipt M / D / Y 12 / 02 / 2004
Mailing Address 14 Cedar Ridge Dr.		Transaction ID: 10451564
City	State	Zip Code
Farmington	CT	06032-1804
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 ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
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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. Michael A. Conway		Date of Receipt M / D / Y 12 / 06 / 2004
Mailing Address 892 N. Broadway		Transaction ID: 10487521
City North Massapequa	State NY	Zip Code 11758-2352
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) B. Dr. Gerald D. Paterson		Date of Receipt M / D / Y 12 / 20 / 2004
Mailing Address 8627 Apollo Rd.		Transaction ID: 10481008
City West Linn	State OR	Zip Code 97068-2807
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. Patrick J. Evoy		Date of Receipt M / D / Y 12 / 20 / 2004
Mailing Address 1205 N.E. 8th St.		Transaction ID: 10481008
City Bend	State OR	Zip Code 97701-4308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	825.00
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 12 / 20

(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. William A. Bennett		Date of Receipt M / D / Y 12 / 20 / 2004
Mailing Address Bay Area Foot Clinic 1890 Waite St. #1		Transaction ID: 10481001
City North Bend	State OR	Zip Code 97459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Brian D. Ashdown		Date of Receipt M / D / Y 12 / 20 / 2004
Mailing Address 474D Chinook Dr. S.W.		Transaction ID: 10481000
City Albany	State OR	Zip Code 97321-4883
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.25
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 311.25
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas E. Pusterla		Date of Receipt M / D / Y 12 / 21 / 2004
Mailing Address 945 Wootton St.		Transaction ID: 10508813
City Boonton	State NJ	Zip Code 07005-1807
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)	▶	536.25
TOTAL This Period (last page this line number only)	▶	

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ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 20
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Robert C. Purdy</p> <p>Mailing Address P.O. Box 35667</p> <hr/> <p>City State Zip Code Canton OH 44735-5667</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 21 / 2004</p> <p>Transaction ID: 10506587</p> <hr/> <p>Amount of Each Receipt this Period 150.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Self Employed</p> </td> <td style="width:65%;"> <p>Occupation Podiatrist</p> </td> </tr> <tr> <td> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td> <p>Aggregate Year-to-Date ▼ 300.00</p> </td> </tr> </table>	<p>Name of Employer Self Employed</p>	<p>Occupation Podiatrist</p>	<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 300.00</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 ▼ 300.00</p>				

<p>B. Full Name (Last, First, Middle Initial) Dr. Nathan C. Sabin</p> <p>Mailing Address 16 Deerfield Rd.</p> <hr/> <p>City State Zip Code Short Hills NJ 07078-1424</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 21 / 2004</p> <p>Transaction ID: 10506619</p> <hr/> <p>Amount of Each Receipt this Period 250.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Self Employed</p> </td> <td style="width:65%;"> <p>Occupation Podiatrist</p> </td> </tr> <tr> <td> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td> <p>Aggregate Year-to-Date ▼ 250.00</p> </td> </tr> </table>	<p>Name of Employer Self Employed</p>	<p>Occupation Podiatrist</p>	<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 250.00</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 ▼ 250.00</p>				

<p>C. Full Name (Last, First, Middle Initial) Dr. Karan F. Lefforge</p> <p>Mailing Address 102 Holland Dr.</p> <hr/> <p>City State Zip Code Wakefield RI 02879-2254</p> <p>FEC ID number of contributing federal political committee. C</p>	<p>Date of Receipt M / D / Y Y Y Y 12 / 21 / 2004</p> <p>Transaction ID: 10506632</p> <hr/> <p>Amount of Each Receipt this Period 250.00</p>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;"> <p>Name of Employer Self Employed</p> </td> <td style="width:65%;"> <p>Occupation Podiatrist</p> </td> </tr> <tr> <td> <p>Receipt For: Primary General Other (specify) ▼</p> </td> <td> <p>Aggregate Year-to-Date ▼ 250.00</p> </td> </tr> </table>	<p>Name of Employer Self Employed</p>	<p>Occupation Podiatrist</p>	<p>Receipt For: Primary General Other (specify) ▼</p>	<p>Aggregate Year-to-Date ▼ 250.00</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 ▼ 250.00</p>				

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 14 / 20
(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. Joseph A. Sciandra		Date of Receipt M / D / Y 12 / 27 / 2004
Mailing Address 100 4 Seasons E.		Transaction ID: 10520328
City Amherst	State NY	Zip Code 14226-4276
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. William Charles Jones		Date of Receipt M / D / Y 12 / 28 / 2004
Mailing Address 10517 S. Toledo		Transaction ID: 10355517
City Tulsa	State OK	Zip Code 74137-6228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ralph M. Turt		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 705 Montauk Hwy.		Transaction ID: 10520358
City West Bay Shore	State NY	Zip Code 11708-6220
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 15 / 20
(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. Leonette A. May		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address Anaton Podiatric Surgery Group 1761 W. Romneya Dr. E.		Transaction ID: 10520360
City Anaheim	State CA	Zip Code 92801-1816
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) B. Dr. B. Richard Burke		Date of Receipt M / D / Y 12 / 30 / 2004
Mailing Address 1761 W. Romneya Dr. #E.		Transaction ID: 10520359
City Anaheim	State CA	Zip Code 92801-1816
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. James H. Morgan, Jr.		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address 630 Southern Way		Transaction ID: 10553892
City Spanish Fort	State AL	Zip Code 36527-3024
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 16 / 20
(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. Joan M. Meyer		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address 324D Purer Rd.		Transaction ID: 10553703
City Escondido	State CA	Zip Code 92029-7250
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 ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael K. Block		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address 335 Chestnut Hill Rd. #A		Transaction ID: 10553740
City Forest Hill	State MD	Zip Code 21050-1507
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. Edward A. O'Brian		Date of Receipt M / D / Y 12 / 31 / 2004
Mailing Address 580B1 Cypress Lake Cr.		Transaction ID: 10553701
City Bethany Beach	State DE	Zip Code 19530-4143
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 ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	5136.25

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

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

FOR LINE NUMBER: PAGE 17 / 20

(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) A. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		M / D / Y 12 / 31 / 2004
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. C		Transaction ID: 10542090
Name of Employer Lagj Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		140.56
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7838.84	

SUBTOTAL of Receipts This Page (optional)	▶	140.56
TOTAL This Period (last page this line number only)	▶	140.56

**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)

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

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

Full Name (Last, First, Middle Initial)
A. Investment Account

Mailing Address

City State Zip Code

Purpose of Disbursement
interest expense

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Transaction ID: 10561516
Date of Disbursement
12 / 31 / 2004

Amount of Each Disbursement this Period
243.75

001
Category/
Type

interest expense

SUBTOTAL of Disbursements This Page (optional)	▶	243.75
TOTAL This Period (last page this line number only)	▶	243.75

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 20

<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. Democratic Senatorial Campaign Committee			Transaction ID: 10472220 Date of Disbursement 12 / 15 / 2004		
Mailing Address 120 Maryland Avenue, NE			Amount of Each Disbursement this Period 5000.00		
City Washington State DC Zip Code 20002	Purpose of Disbursement 2005 Membership Fee		011 Category/ Type		
Candidate Name			2005 Membership Fee		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼				
State: District					

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee			Transaction ID: 10472221 Date of Disbursement 12 / 15 / 2004		
Mailing Address 2nd Floor 430 S. Capitol Street			Amount of Each Disbursement this Period 5000.00		
City Washington State DC Zip Code 20003	Purpose of Disbursement 2005 Membership Fee		011 Category/ Type		
Candidate Name			2005 Membership Fee		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼				
State: District					

Full Name (Last, First, Middle Initial) C. National Republican Congressional Committee			Transaction ID: 10472222 Date of Disbursement 12 / 15 / 2004		
Mailing Address 320 First Street, S.E			Amount of Each Disbursement this Period 5000.00		
City Washington State DC Zip Code 20003	Purpose of Disbursement 2005 Membership Fee		011 Category/ Type		
Candidate Name			2005 Membership Fee		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼				
State: District					

SUBTOTAL of Disbursements This Page (optional) ► **15000.00**

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 20 / 20

<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. National Republican Senatorial Committee

Mailing Address Ronald Reagan Republican Center
425 2nd Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2005 Membership Fee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General
Other (specify) ▼

Transaction ID: 10471740
Date of Disbursement
12 / 15 / 2004

Amount of Each Disbursement this Period
5000.00

011
Category/
Type

2005 Membership Fee

Full Name (Last, First, Middle Initial)
B. David Vitter For Us Senate

Mailing Address PO Box 8175

City Metairie State LA Zip Code 70011

Purpose of Disbursement
2004 General Debt Retirement

Candidate Name
Mr. David Vitter

Office Sought: House Senate President
State: LA District 2

Disbursement For: 2004 Primary General
X Other (specify) ▼
Debt Retirement - 20

Transaction ID: 10472223
Date of Disbursement
12 / 15 / 2004

Amount of Each Disbursement this Period
1500.00

011
Category/
Type

2004 General Debt Retirement

SUBTOTAL of Disbursements This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	21500.00