

**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)

X

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

04

01

2004

through

04

30

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

05

18

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: ^M04 ^{: :}01 ^{Y (Y) Y}2004 To: ^M04 ^{: :}30 ^{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 | 416277.43 | |
| (c) Total Receipts (from Line 19) | 25823.02 | 144529.10 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 444100.45 | 541224.85 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 27500.00 | 124624.40 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 416600.45 | 416600.45 |
| <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: ^M04 ⁻01 ⁻2004 To: ^M04 ⁻30 ⁻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) | 14760.00 | |
| (ii) Unitemized | 11063.02 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 25823.02 | 133142.02 |
| (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) | 25823.02 | 133142.02 |
| 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 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 11387.08 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)) | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 25823.02 | 144529.10 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 25823.02 | 144529.10 |

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..... | 27500.00 | 124500.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | 0.00 | 0.00 |
| (c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 27500.00 | 124624.40 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 27500.00 | 124624.40 |

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) | 25823.02 | 133142.02 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 25823.02 | 133142.02 |
| 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 / 30

(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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. Daniel Bangart | | Date of Receipt M / D / Y 04 / 06 / 2004 |
| Mailing Address 735D W. Pershing | | Transaction ID: 9527435 |
| City Peoria | State AZ | Zip Code 85381-6021 |
| 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. Thomas S. Godfrey | | Date of Receipt M / D / Y 04 / 06 / 2004 |
| Mailing Address 498B Heather Point | | Transaction ID: 9515286 |
| City Birmingham | State AL | Zip Code 35242-3950 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Birmingham Podiatry P.C. | Occupation Podiatrist | Aggregate Year-to-Date ▼ 1250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Charles R. Hourshel | | Date of Receipt M / D / Y 04 / 07 / 2004 |
| Mailing Address 1217 Wood Land | | Transaction ID: 9527433 |
| City Fairmont | State MN | Zip Code 56031-2018 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer Fairmont Medical Clinic | Occupation Podiatrist | Aggregate Year-to-Date ▼ 300.00 |
| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 30
(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. Charles F. Gall | | Date of Receipt M / D / Y 04 / 12 / 2004 |
| Mailing Address 718 Beulahs Ln. | | Transaction ID: 9544051 |
| City Idaho Falls | State ID | Zip Code 83401-2340 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 350.00 |
| Name of Employer Sunnyside Foot & Ankle | Occupation Podiatrist | Aggregate Year-to-Date ▼ 350.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Dr. Michael A. Mireo | | Date of Receipt M / D / Y 04 / 12 / 2004 |
| Mailing Address 5305 Lampasas | | Transaction ID: 9544053 |
| City Houston | State TX | Zip Code 77056-6226 |
| 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. Robert J. Warkala | | Date of Receipt M / D / Y 04 / 12 / 2004 |
| Mailing Address 445 Hurffville-Crosskeys Rd. #B6 | | Transaction ID: 9528556 |
| City Sewell | State NJ | Zip Code 08080-2337 |
| 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) ▼ | | |

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|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1350.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 8 / 30

(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 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. Kenneth F. Malkin | | Date of Receipt M / D / Y 04 / 14 / 2004 |
| Mailing Address 20 Moran Rd. | | Transaction ID: 9544036 |
| City West Orange | State NJ | Zip Code 07052-2252 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Caldwell Podiatry Center | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Edward D. Williams | | Date of Receipt M / D / Y 04 / 15 / 2004 |
| Mailing Address 1 Calle Medica | | Transaction ID: 9544038 |
| City Santa Fe | State NM | Zip Code 87505-4764 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Nancy A. Kaplan | | Date of Receipt M / D / Y 04 / 18 / 2004 |
| Mailing Address 52 Pitt Rd. | | Transaction ID: 9543407 |
| City Springfield | State NJ | Zip Code 07081-2634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Essex Union Podiatry | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 900.00 |
| 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 / 30
(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. Nancy A. Kaplan | | Date of Receipt M / D / Y 04 / 18 / 2004 |
| Mailing Address 52 Pitt Rd. | | Transaction ID: 9543408 |
| City Springfield | State NJ | Zip Code 07081-2634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Essex Union Podiatry | Occupation Podiatrist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Scott L. Shinder | | Date of Receipt M / D / Y 04 / 18 / 2004 |
| Mailing Address 508 James Pl. | | Transaction ID: 9544056 |
| City Yankton | State SD | Zip Code 57078-1830 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Shinder Foot Clinic | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Russell J. Barone | | Date of Receipt M / D / Y 04 / 18 / 2004 |
| Mailing Address 29 Glen Crest Dr. | | Transaction ID: 9593329 |
| City Arden | State NC | Zip Code 28704-5025 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Hendersonville Podiatry | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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|---|---------------|
| 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 10 / 30
(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. James R. Christina | | Date of Receipt M / D / Y 04 / 10 / 2004 |
| Mailing Address 3 Glendorian Ct. | | Transaction ID: 9544058 |
| City Cockeysville | State MD | Zip Code 21030-2407 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer White Flint Podiatry | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Carol F. LaRose | | Date of Receipt M / D / Y 04 / 10 / 2004 |
| Mailing Address 174B S. Yorktown Ave. | | Transaction ID: 9543926 |
| City Tulsa | State OK | Zip Code 74104-5339 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Springer Clinic | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Gregory B. Nells | | Date of Receipt M / D / Y 04 / 10 / 2004 |
| Mailing Address 39 Woodside Ave. 2nd Flr. | | Transaction ID: 9591248 |
| City Gloversville | State NY | Zip Code 12078-4207 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self-Employed | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11/30
(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. Barry E. Wesselowski | | Date of Receipt M / D / Y 04 / 10 / 2004 |
| Mailing Address 2901 Majestic | | Transaction ID: 9593390 |
| City Independence | State KS | Zip Code 67301-1519 |
| 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. Francisco A. Telo | | Date of Receipt M / D / Y 04 / 21 / 2004 |
| Mailing Address 10822 Rose Dr. | | Transaction ID: 9447492 |
| City Bismarck | State ND | Zip Code 58503-9719 |
| 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. Brian Kays, DPM | | Date of Receipt M / D / Y 04 / 21 / 2004 |
| Mailing Address 31700 W. 12 Mile Rd.#10D | | Transaction ID: 9442356 |
| City Farmington Hills | State MI | Zip Code 48334-4460 |
| 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) ▼ | | |

| | |
|---|----------------|
| 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 12 / 30
(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. Nancy A. Kaplan | | Date of Receipt M / D / Y Y Y Y 04 / 21 / 2004 |
| Mailing Address 52 Pitt Rd. | | Transaction ID: 9550672 |
| City Springfield | State NJ | Zip Code 07081-2634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period -250.00 |
| Name of Employer Essex Union Podiatry | Occupation Podiatrist | Refund for double contribution |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Bernard Coppolali | | Date of Receipt M / D / Y Y Y Y 04 / 23 / 2004 |
| Mailing Address 15 Osprey Dr. | | Transaction ID: 9593386 |
| City Coventry | State RI | Zip Code 02816-6820 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| 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. Michael L. Wooda | | Date of Receipt M / D / Y Y Y Y 04 / 25 / 2004 |
| Mailing Address 10 Bristol Dr. | | Transaction ID: 9583183 |
| City Middletown | State NY | Zip Code 10541-5208 |
| 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) | 150.00 |
| 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 13 / 30
(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. Thomas Charles Melillo | | Date of Receipt M / D / Y Y Y Y 04 / 25 / 2004 |
| Mailing Address 22862 S.W. Saunders Dr. | | Transaction ID: 9563159 |
| City Sherwood | State OR | Zip Code 97140-8236 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Westside Podiatry Clinic | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Stuart L. Tessler | | Date of Receipt M / D / Y Y Y Y 04 / 25 / 2004 |
| Mailing Address 3 49th Ave. | | Transaction ID: 9563144 |
| City Isle Of Palms | State SC | Zip Code 29451-2609 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Charleston Podiatry | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Todd A. Harrison | | Date of Receipt M / D / Y Y Y Y 04 / 25 / 2004 |
| Mailing Address 18819 Fountain Ter. | | Transaction ID: 9563140 |
| City Hagerstown | State MD | Zip Code 21742-2670 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Podiatry Associates of Hagerstown | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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| 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 14 / 30

(check only one)

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| <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 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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. Carol F. LaRose | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 174B S. Yorktown Ave. | | Transaction ID: 9563129 |
| City Tulsa | State OK | Zip Code 74104-5339 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Springer Clinic | Occupation Podiatrist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Roy R. Moeller | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 8879 Sylvan Ridge | | Transaction ID: 9563137 |
| City Eden Prairie | State MN | Zip Code 55347-3337 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Foot & Ankle Physicians P.A. | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Brian D. Gale | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 241B Coolidge Ave. | | Transaction ID: 95631B1 |
| City Bismarck | State ND | Zip Code 58501-2261 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Dakota Foot & Ankle | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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| 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 / 30

(check only one)

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| <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 G. Blank | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 92 N. 4th St #27 | | Transaction ID: 9563146 |
| City Martins Ferry | State OH | Zip Code 43805-1600 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Achilles Foot & Ankle Surgery PC | Occupation Podiatrist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Patricia A. Moore | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 201 Terre Coupe | | Transaction ID: 9563179 |
| City Buchanan | State MI | Zip Code 49107-9120 |
| 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. Howard Grant Osterman | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 5211 Goddard Rd | | Transaction ID: 9563187 |
| City Bethesda | State MD | Zip Code 20814-1303 |
| 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) ▼ | | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| 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 / 30
(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. Kie W. Kinney | | Date of Receipt M / D / Y Y Y Y 04 / 25 / 2004 |
| Mailing Address 3552 Camousbir Dr. | | Transaction ID: 9563196 |
| City State Zip Code Martinez GA 30907-9504 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer The Foot & Ankle Group | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Dr. Terance B. Albright | | Date of Receipt M / D / Y Y Y Y 04 / 25 / 2004 |
| Mailing Address 399 Berkshire Dr. | | Transaction ID: 9563151 |
| City State Zip Code Lake Villa IL 60046 | 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. Gary P. Joly | | Date of Receipt M / D / Y Y Y Y 04 / 25 / 2004 |
| Mailing Address 10 White Cir. | | Transaction ID: 9563165 |
| City State Zip Code Farmington CT 06032-2713 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer The Center for Reconstructive Foot Sur | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 30

(check only one)

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| <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. Stephen C. Wan | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 3221 Blume Dr. | | Transaction ID: 9563158 |
| City Rossmoor | State CA | Zip Code 90720-4812 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer W. Torrance Podiatrists Group Inc. | Occupation Podiatrist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Daniel C. Fulmer | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address P.O. Box 8067 | | Transaction ID: 9563160 |
| City Fayetteville | State AR | Zip Code 72709-0001 |
| 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. Charles M. Throne | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 459 General Dr. | | Transaction ID: 9563163 |
| City Et Wright | State KY | Zip Code 41011-1863 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Foot Specialists of Great- er Cincinnati | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30
(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 H. Dabdoub | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address 100 Ayshire Ct | | Transaction ID: 9563196 |
| City Slidell | State LA | Zip Code 70461-5034 |
| 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. Gail R. Johnson | | Date of Receipt M / D / Y 04 / 25 / 2004 |
| Mailing Address P.O. Box 8067 | | Transaction ID: 9563191 |
| City Fayetteville | State AR | Zip Code 72709-0001 |
| 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. Jose Antonio Matel-Diaz | | Date of Receipt M / D / Y 04 / 26 / 2004 |
| Mailing Address P.O. Box 140272 | | Transaction ID: 9560511 |
| City Arecibo | State PR | Zip Code 00614-0272 |
| 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) ▼ | | |

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| 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 30

(check only one)

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| <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. Raymond J. Malice | | Date of Receipt M / D / Y 04 / 26 / 2004 |
| Mailing Address 8223 14th Ave. | | Transaction ID: 9603749 |
| City Brooklyn | State NY | Zip Code 11228-3113 |
| 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 | |

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|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Lawrence A. Santi | | Date of Receipt M / D / Y 04 / 26 / 2004 |
| Mailing Address 31 Mayflower Ave. | | Transaction ID: 9603745 |
| City Williston Park | State NY | Zip Code 11566-1517 |
| 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. Grace D. Pascual | | Date of Receipt M / D / Y 04 / 26 / 2004 |
| Mailing Address 88-274 Alamihi St. | | Transaction ID: 9603752 |
| City Waianae | State HI | Zip Code 96792-2511 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Academy Foot Center of HI | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

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

FOR LINE NUMBER: PAGE 20 / 30
(check only one)
 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. Donald G. Havencsek | | Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004 |
| Mailing Address 7520 Sandy Point Rd. N.E. | | Transaction ID: 9600541 |
| City Olympia | State WA | Zip Code 98516-9575 |
| 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) ▼ | | |

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|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Stephen H. Powless | | Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004 |
| Mailing Address 1812 Dupont Ave. | | Transaction ID: 9601425 |
| City Minneapolis | State MN | Zip Code 55403-3067 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Park Nicollet Clinic | Occupation Podiatrist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Jerry Lind Hall | | Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004 |
| Mailing Address 110 S. Pineview Ave | | Transaction ID: 9601429 |
| City Goldshoro | State NC | Zip Code 27530-5138 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 280.00 |
| Name of Employer Wayne Foot Specialists P.-C. | Occupation Podiatrist | Aggregate Year-to-Date ▼ 280.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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| SUBTOTAL of Receipts This Page (optional) | 760.00 |
| 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 / 30
(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. Jac R. Tiechmer | | Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004 |
| Mailing Address B12 Daniels | | Transaction ID: 9603763 |
| City Wenatchee | State WA | Zip Code 98802-4036 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Foot Health Services P.S. | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Harry Goldsmith | | Date of Receipt M / D / Y Y Y Y 04 / 26 / 2004 |
| Mailing Address 19224 Trentham Ave. | | Transaction ID: 9600513 |
| City Cerritos | State CA | Zip Code 90709-7269 |
| 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 | |

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|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Mark B. Stornsky | | Date of Receipt M / D / Y Y Y Y 04 / 30 / 2004 |
| Mailing Address 21 Evergreen Dr. | | Transaction ID: 9603854 |
| City Woodbridge | State CT | Zip Code 06525-1025 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer New Haven Podiatry Associates | Occupation Podiatrist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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 22 / 30
(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 C. Culliton | | Date of Receipt M / D / Y 04 / 30 / 2004 |
| Mailing Address 8285 Manchester Park Dr. | | Transaction ID: 9603844 |
| City East Amherst | State NY | Zip Code 14051-1592 |
| 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) ▼ | | |

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|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Kenneth L. Hobbs | | Date of Receipt M / D / Y 04 / 30 / 2004 |
| Mailing Address 714 Fairlawn Rd. | | Transaction ID: 9601400 |
| City Topeka | State KS | Zip Code 66606-2337 |
| 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) ▼ | | |

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|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Michael A. Zapf | | Date of Receipt M / D / Y 04 / 30 / 2004 |
| Mailing Address 5860 E. Sunny Vista Ave. | | Transaction ID: 9603849 |
| City Agoura Hills | State CA | Zip Code 91377-1020 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer The Agoura-Los Robles Podiatry Centers | Occupation Podiatrist | Aggregate Year-to-Date ▼ 400.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

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| 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 23 / 30
(check only one)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <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. Steven W. Bailey | Date of Receipt M / D / Y 04 / 30 / 2004 |
| Mailing Address 3575 Surf Ct. | Transaction ID: 9603645 |
| City State Zip Code Merced CA 95340-9150 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | |
| Name of Employer Merced Podiatry Group | 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) | ▶ | 14760.00 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 30

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

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

| | | | |
|---|--|---|-----------------------|
| Full Name (Last, First, Middle Initial) A. Ben Cardin For Congress | | Transaction ID: 9513853 Date of Disbursement 04 / 05 / 2004 | |
| Mailing Address 100 E. Pratt Street 26th Floor | | Amount of Each Disbursement this Period 1000.00 | |
| City Baltimore State MD Zip Code 21202 | Purpose of Disbursement 2004 General Election | 011 Category/ Type | 2004 General Election |
| Candidate Name Rep. Benjamin L. Cardin | 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: MD District 3 | | | |

| | | | |
|---|--|---|-----------------------|
| Full Name (Last, First, Middle Initial) B. Mike Rogers For Congress | | Transaction ID: 9513844 Date of Disbursement 04 / 05 / 2004 | |
| Mailing Address 123 East 13th Street | | Amount of Each Disbursement this Period 500.00 | |
| City Anniston State AL Zip Code 36201 | Purpose of Disbursement 2004 Primary Election | 011 Category/ Type | 2004 Primary Election |
| Candidate Name Rep. Michael D. Rogers | 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: AL District 3 | | | |

| | | | |
|---|--|---|-----------------------|
| Full Name (Last, First, Middle Initial) C. Cummings For Congress Campaign Committee | | Transaction ID: 9528073 Date of Disbursement 04 / 12 / 2004 | |
| Mailing Address PO Box 1831 | | Amount of Each Disbursement this Period 1000.00 | |
| City Baltimore State MD Zip Code 21203 | Purpose of Disbursement 2004 General Election | 011 Category/ Type | 2004 General Election |
| Candidate Name Rep. Elijah E. Cummings | 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: MD District 7 | | | |

SUBTOTAL of Disbursements This Page (optional) ► **2500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 30

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <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. Hoosiers Supporting Buyer For Congress | | Transaction ID: 9528074 Date of Disbursement 04 / 12 / 2004 |
| Mailing Address 200 North Main St. P.O. Box 712 200 North Main St. P.O. Box 712 | | Amount of Each Disbursement this Period 1000.00 |
| City Monticello State IN Zip Code 47960 | 011 Category/ Type 2004 Primary Election | |
| Purpose of Disbursement 2004 Primary Election | | |
| Candidate Name Rep. Steve Buyer | | |
| 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: IN District 4 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Jesse Jackson Jr For Congress Committee | | Transaction ID: 9528085 Date of Disbursement 04 / 12 / 2004 |
| Mailing Address 7016 S. Euclid Avenue | | Amount of Each Disbursement this Period 1000.00 |
| City Chicago State IL Zip Code 60640 | 011 Category/ Type 2004 General Election | |
| Purpose of Disbursement 2004 General Election | | |
| Candidate Name Rep. Jesse L. Jackson, 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: IL District 2 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of Barbara Boxer | | Transaction ID: 9528076 Date of Disbursement 04 / 12 / 2004 |
| Mailing Address P.O. Box 641751 | | Amount of Each Disbursement this Period 2000.00 |
| City Los Angeles State CA Zip Code 90064 | 011 Category/ Type 2004 General Election | |
| Purpose of Disbursement 2004 General Election | | |
| Candidate Name Senator Barbara Boxer | | |
| 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: CA District 0 | | |

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 / 30

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

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

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

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. Michael K. Simpson

Office Sought: House
Senate
President

State: ID District 2

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

011
Category/
Type

Transaction ID: 9528069
Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

2004 Primary Election

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

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. Nita M. Lowey

Office Sought: House
Senate
President

State: NY District 18

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

011
Category/
Type

Transaction ID: 9528070
Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

2004 Primary Election

Full Name (Last, First, Middle Initial)
C. Jd Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City Scottsdale State AZ Zip Code 85280

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. J.D. Hayworth

Office Sought: House
Senate
President

State: AZ District 5

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

011
Category/
Type

Transaction ID: 9528072
Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

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**

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 30

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

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

| | | | |
|--|--|---|-----------------------|
| Full Name (Last, First, Middle Initial) A. Ros-Lehtinen For Congress | | Transaction ID: 9528071 Date of Disbursement 04 / 12 / 2004 | |
| Mailing Address P O Box 52-2784 Suite 10D | | Amount of Each Disbursement this Period 1000.00 | |
| City Miami State FL Zip Code 33152 | Purpose of Disbursement 2004 Primary Election | 011 Category/ Type | 2004 Primary Election |
| Candidate Name Rep. Ileana Ros-Lehtinen | Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District 18 | | | |

| | | | |
|---|--|---|-----------------------|
| Full Name (Last, First, Middle Initial) B. Musgrave For Congress | | Transaction ID: 9528075 Date of Disbursement 04 / 12 / 2004 | |
| Mailing Address 5401 Stone Creek Circle Suite 777 | | Amount of Each Disbursement this Period 2000.00 | |
| City Loveland State CO Zip Code 80538 | Purpose of Disbursement 2004 Primary Election | 011 Category/ Type | 2004 Primary Election |
| Candidate Name Rep. Marilyn Musgrave | 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: CO District 4 | | | |

| | | | |
|--|--|---|-----------------------|
| Full Name (Last, First, Middle Initial) C. Nethercutt For Senate 2004 | | Transaction ID: 9528067 Date of Disbursement 04 / 12 / 2004 | |
| Mailing Address 330 112th Avenue Ne Suite 101 | | Amount of Each Disbursement this Period 3000.00 | |
| City Bellevue State WA Zip Code 98004 | Purpose of Disbursement 2004 General Election | 011 Category/ Type | 2004 General Election |
| Candidate Name Mr. George Nethercutt | Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District 2 | | | |

SUBTOTAL of Disbursements This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 30

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Bass Victory Committee

Mailing Address PO Box 3451
PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. Charles F. Bass

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

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

011
Category/
Type

Transaction ID: 9526743
Date of Disbursement

04 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

2004 Primary Election

Full Name (Last, First, Middle Initial)
B. Martin Frost Campaign Committee

Mailing Address P. O. Box 4219
Suite 1414

City Dallas State TX Zip Code 75208

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Martin Frost

Office Sought: House Senate President
State: TX District: 24

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

011
Category/
Type

Transaction ID: 9543807
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

2004 General Election

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

Mailing Address P. O. Box 625
PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. J. Dennis Hastert

Office Sought: House Senate President
State: IL District: 14

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

011
Category/
Type

Transaction ID: 9543909
Date of Disbursement

04 / 19 / 2004

Amount of Each Disbursement this Period

2500.00

2004 General Election

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

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

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

Full Name (Last, First, Middle Initial)
A. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. Fred Upton

Office Sought: House Senate President
State: MI District 8

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

Transaction ID: 9543908
Date of Disbursement
04 / 19 / 2004

Amount of Each Disbursement this Period
1500.00

011
Category/
Type
2004 Primary Election

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

Mailing Address 3514 Farragut Avenue

City Kensington State MD Zip Code 20895

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Chris Van Hollen

Office Sought: House Senate President
State: MD District 8

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

Transaction ID: 9543908
Date of Disbursement
04 / 19 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
C. Van Hollen For Congress

Mailing Address 3514 Farragut Avenue

City Kensington State MD Zip Code 20895

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Chris Van Hollen

Office Sought: House Senate President
State: MD District 8

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

Transaction ID: 9550309
Date of Disbursement
04 / 20 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

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 30 / 30

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Simpson For Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement
2004 Primary Election

Candidate Name
Rep. Michael K. Simpson

Office Sought: House
Senate
President

State: ID District 2

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

011
Category/
Type

Transaction ID: 9551176

Date of Disbursement

04 / 21 / 2004

Amount of Each Disbursement this Period

1000.00

2004 Primary Election

Full Name (Last, First, Middle Initial)

B. Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Deborah Pryce

Office Sought: House
Senate
President

State: OH District 15

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

011
Category/
Type

Transaction ID: 9550670

Date of Disbursement

04 / 21 / 2004

Amount of Each Disbursement this Period

2000.00

2004 General Election

Full Name (Last, First, Middle Initial)

C. Mike Dewine For Us Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement
2006 General Election

Candidate Name
Sen. Mike DeWine

Office Sought: House
 Senate
President

State: OH District 1

Disbursement For: 2006
Primary General
 Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 9591219

Date of Disbursement

04 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

2006 General Election

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

27500.00