

**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) 9312 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)	(b) Monthly Report Due On:	X	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)			Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)			
January 31 Quarterly Report(YE)			Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)			Election on			in the State of

5. Covering Period 01 01 2003 through 01 31 2003

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 02 19 2003

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period: From: ^h 0 1 ^D 0 1 ^v / ^v 2 0 0 3 To: ^h 0 1 ^D 3 1 ^v / ^v 2 0 0 3

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v / ^v 2 0 0 3		288398.70
(b) Cash on Hand at Beginning of Reporting Period	288398.70	
(c) Total Receipts (from Line 19)	53759.39	53759.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	342158.09	342158.09
7. Total Disbursements (from Line 30)	10608.16	10608.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	331549.93	331549.93
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^W01 ^D01 ^Y2003 To: ^W01 ^D31 ^Y2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23500.00	
(ii) Unitemized	25507.03	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	49007.03	49007.03
(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 32, page 4)	49007.03	49007.03
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 36, page 4)	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.)	4752.36	4752.36
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	53759.39	53759.39
20. Total Federal Receipts (subtract Line 18 from Line 19)	53759.39	53759.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	108.16	108.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	108.16	108.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	10608.16	10608.16
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	10608.16	10608.16
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	49007.03	49007.03
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	49007.03	49007.03
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	108.16	108.16
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	108.16	108.16

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

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

FOR LINE NUMBER: PAGE 5 / 34

(check only one)

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

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. Jonathan J. Lubitz

Mailing Address

2605 Charleston Oaks Ct.

City

State

Zip Code

Mobile

AL

36695-2522

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 0 1 / 2 0 0 3

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Self Employed

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7630449

Full Name (Last, First, Middle Initial)

B. Dr. Matthew G. Garoufalis

Mailing Address

1833 Hansom Ct.

City

State

Zip Code

Naperville

IL

60565-2629

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 0 1 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Professional Foot Care Specialists

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7630450

Full Name (Last, First, Middle Initial)

C. Dr. James R. Christina

Mailing Address

3 Glendorian Ct.

City

State

Zip Code

Cockeysville

MD

21030-2407

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 0 / 2 0 0 3

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
White Flint Podiatry

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7622163

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:
(check only one)

PAGE 6 / 34

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. R. Michael Whitmore

Mailing Address

512 Rock Springs Dr.

City

State

Zip Code

Oxford

MS

38655-8246

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 0 / 2 0 0 3

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7630475

Full Name (Last, First, Middle Initial)

B. Dr. Tommy Wayne Gensalt

Mailing Address

7D Huckleberry Ln.

City

State

Zip Code

Wetumpka

AL

36092

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 3 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7759783

Full Name (Last, First, Middle Initial)

C. Dr. N. Arvid Vasanden

Mailing Address

195 Rocky Branch Rd.

City

State

Zip Code

Athens

GA

30605-4510

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 3 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Athens Podiatry P.C.

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7759784

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Harvey D. Lederman

Mailing Address
12 Biltmore Park

City State Zip Code
Bloomfield CT 06002-2141

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
550.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W. Hartford Podiatry Associates Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 550.00

Transaction ID: 7630454

B. Full Name (Last, First, Middle Initial)
Dr. Marc Lederman

Mailing Address
14 Cedar Ridge Dr.

City State Zip Code
Farmington CT 06032-3517

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W. Hartford Podiatry Associates Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 7630455

C. Full Name (Last, First, Middle Initial)
Dr. Glenn B. Gestwith

Mailing Address
12401 Willow Green Ct

City State Zip Code
Potomac MD 20854-3044

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7630462

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 / 34

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Robert E. Mars

Mailing Address

166 Greenwood Dr.

City

State

Zip Code

South Windsor

CT

06074-1520

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 6 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7630498

Full Name (Last, First, Middle Initial)

B. Dr. David Alan Bernstein

Mailing Address

482 Virginia Ave.

City

State

Zip Code

Paoli

PA

19301-1230

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 6 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7630510

Full Name (Last, First, Middle Initial)

C. Dr. Anthony R. Iorio

Mailing Address

298 Wilton Rd.

City

State

Zip Code

Westport

CT

06880-2338

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 6 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Fairfield Podiatry Associates

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7630508

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 9 / 34

(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 R. Bembeck

Mailing Address

128 Burr Hall Rd.

City

State

Zip Code

Middlebury

CT

06762-1722

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 6 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Waterbury Podiatry Consultants

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7630502

Full Name (Last, First, Middle Initial)

B. Dr. Ross E. Taubman

Mailing Address

17325 Moss Side Ln.

City

State

Zip Code

Olney

MD

20832

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 6 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Columbia Foot & Ankle Assoc.

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7759810

Full Name (Last, First, Middle Initial)

C. Dr. Howard W. Hahnstein

Mailing Address

21 Dell Cir.

City

State

Zip Code

Trumbull

CT

06811-2308

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 1 6 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7630507

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Brian Deschamps

Mailing Address
351 Merline Rd. #101

City State Zip Code
Vernon Rockville CT 06066-4040

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 7630505

Full Name (Last, First, Middle Initial)
B. Dr. Scott A. Hamilton

Mailing Address
8141 Rourke St.

City State Zip Code
Myrtle Beach SC 29572

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Coastal Podiatry Associates PA Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7759803

Full Name (Last, First, Middle Initial)
C. Dr. Joseph Ryan Traddwell

Mailing Address
15 Lantern Ct.

City State Zip Code
Farmington CT 06032

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Associated Podiatrists of CT P.C. Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7630501

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: (check only one)		PAGE 11 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Dean Martone

Mailing Address
11 Central Ave.

City State Zip Code
East Hartford CT 06108

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Foot Care Center Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7630499

B. Full Name (Last, First, Middle Initial)
Dr. Richard C. Wilson

Mailing Address
3740 Turtlepond Rd.

City State Zip Code
Melbourne FL 32934-8448

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Melbourne Podiatry Associates Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7759820

C. Full Name (Last, First, Middle Initial)
Dr. Michael J. King

Mailing Address
176 Sweet Farm Rd.

City State Zip Code
Portsmouth RI 02871

Date of Receipt
M M / D D / Y Y Y Y
01 / 17 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7759821

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Kenneth Kahle Philips

Mailing Address
74080 El Paseo #100

City State Zip Code
Palm Desert CA 92260-4135

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7771170

Full Name (Last, First, Middle Initial)
B. Dr. Dennis W. Lavoie

Mailing Address
800 5th Ave. S.

City State Zip Code
Escanaba MI 49829-3607

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7769800

Full Name (Last, First, Middle Initial)
C. Dr. Steven H. Glickman

Mailing Address
4821 Park Hill Ct

City State Zip Code
West Bloomfield MI 48323-3557

Date of Receipt
M M / D D / Y Y Y Y
01 / 21 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 7771616

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:
(check only one)

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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. Francis A. Hawthorn

Mailing Address

3801 Central Pike #353

City

State

Zip Code

Hermitage

TN

37076-3422

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 1 / 2 0 0 3

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7771559

Full Name (Last, First, Middle Initial)

B. Dr. David Glen Wade

Mailing Address

1804 Elmhurst Ave.

City

State

Zip Code

Oklahoma City

OK

73120

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 1 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7771311

Full Name (Last, First, Middle Initial)

C. Dr. John E. Morehead

Mailing Address

6666 S. 76th E. Ave.

City

State

Zip Code

Tulsa

OK

74133-1835

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 1 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7771167

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

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

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

FOR LINE NUMBER:
(check only one)

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 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 J. Wessels

Mailing Address

2245 River View Dr.

City

State

Zip Code

Rock Falls

IL

61071

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 1 / 2 0 0 3

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
KSB Medical Group

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7771309

Full Name (Last, First, Middle Initial)

B. Dr. Curtis W. Long

Mailing Address

1047 Brevor Pl.

City

State

Zip Code

Walla Walla

WA

99362-9381

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 1 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7771101

Full Name (Last, First, Middle Initial)

C. Dr. David Y. S. Yee

Mailing Address

98-1425 D Kaahumanu St

City

State

Zip Code

Aiea

HI

96701

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 1 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
HI Foot Clinic

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7771219

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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. Robert Douglas Sowell

Mailing Address

16 N. Filly Ln.

City

State

Zip Code

Edmond

OK

73034-7612

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 1 / 2 0 0 3

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7771584

Full Name (Last, First, Middle Initial)

B. Dr. Lynn LeBlanc

Mailing Address

12 Trevor Ln.

City

State

Zip Code

East Granby

CT

06026

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 3 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7769898

Full Name (Last, First, Middle Initial)

C. Dr. Kristin K. Tito

Mailing Address

11092 Allenhurst Blvd.

City

State

Zip Code

Cincinnati

OH

45241

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 3 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Podiatry of Hamilton Inc.

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7770002

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: (check only one)		PAGE 16 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Philip E. Ward

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2003

Mailing Address
65 Shadow Ln.

City State Zip Code
Wispering Pines NC 28327

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Foot & Ankle Center of NC Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 7770281

B. Full Name (Last, First, Middle Initial)
Dr. Angela Agae, DPM

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2003

Mailing Address
P.O. Box 240218

City State Zip Code
Montgomery AL 36124-0218

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The East Montgomery Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7770340

C. Full Name (Last, First, Middle Initial)
Dr. David R. Wuerzler

Date of Receipt
M M / D D / Y Y Y Y
01 / 24 / 2003

Mailing Address
57 Fox Chase Dr.

City State Zip Code
Dothan AL 36301-1145

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7770375

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: (check only one)		PAGE 17 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Charles R. Hourshel

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2003

Mailing Address
1217 Wood Land

City State Zip Code
Fairmont MN 56031-2018

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fairmont Medical Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7797376

B. Full Name (Last, First, Middle Initial)
Dr. Kim M. Reichel

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2003

Mailing Address
141 Hickory Lake

City State Zip Code
Belleville IL 62223-3441

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Associated Foot Surgeons of Belleville Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 7797391

C. Full Name (Last, First, Middle Initial)
Dr. Paul E. Bodamer, Sr.

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2003

Mailing Address
2345 Ridge Rd. P.O. Box 1226

City State Zip Code
Darien GA 31305-9797

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Parkwood Podiatry Associates Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7797408

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Michael A. Mineo

Mailing Address
5305 Lampasas

City State Zip Code
Houston TX 77056-6226

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 2 7 / 2 0 0 3

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7797389

Full Name (Last, First, Middle Initial)
B. Dr. Craig McLaws

Mailing Address
132 N. Gould

City State Zip Code
Sheridan WY 82801-3055

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 2 7 / 2 0 0 3

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer McLaws Foot Care Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7797405

Full Name (Last, First, Middle Initial)
C. Dr. Bruce A. Seudky

Mailing Address
Murchison Medical Bldg. 1810 Murchison #208

City State Zip Code
El Paso TX 79902

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 2 7 / 2 0 0 3

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7797404

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Kent L. Magrini

Mailing Address
8917 S. 30th
City State Zip Code
Fort Smith AR 72903-8967

Date of Receipt
N M / D E / Y Y Y Y
01 / 27 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Foot Health Center

Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 7797401

Full Name (Last, First, Middle Initial)
B. Dr. Charles M. Lombardi

Mailing Address
186-02 12th Rd.
City State Zip Code
Beechhurst NY 11357-2806

Date of Receipt
N M / D E / Y Y Y Y
01 / 28 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Self Employed

Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7797270

Full Name (Last, First, Middle Initial)
C. Dr. Bernay A. Greenberg

Mailing Address
16283 Cayuga Cir.
City State Zip Code
Davie FL 33331-2155

Date of Receipt
N M / D E / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Podiatry Associates

Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 7778544

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: (check only one)		PAGE 20 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Troy David Zimelman

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Mailing Address
121 E. Poplar St.

City State Zip Code
Prattville AL 36066-3638

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 7776778

Full Name (Last, First, Middle Initial)
B. Dr. Angela P. Dominique

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Mailing Address
6575 Mill Creek Cir.

City State Zip Code
Birmingham AL 35242-7322

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 7797232

Full Name (Last, First, Middle Initial)
C. Dr. Walter Zelasko

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Mailing Address
2731 Melinda Dr.

City State Zip Code
Winston Salem NC 27103-3401

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7776769

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Sheldon Wilens

Mailing Address
2150 S. Ocean Blvd. #3A

City State Zip Code
Delray Beach FL 33483

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 7776550

Full Name (Last, First, Middle Initial)
B. Dr. Richard S. Jason

Mailing Address
2004 Ocean Front S.

City State Zip Code
Jacksonville FL 32250-6246

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7776560

Full Name (Last, First, Middle Initial)
C. Dr. Earl Horowitz

Mailing Address
2550 Park St.

City State Zip Code
Jacksonville FL 32204-4518

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7776780

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 34	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Dr. James V. Stehicki

Mailing Address
249 Dogwood Trace

City State Zip Code
Tarpon Springs FL 34689-8532

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 7776551

Full Name (Last, First, Middle Initial)
B. Dr. Robert Levine

Mailing Address
10801 Starkay Rd. #107

City State Zip Code
Largo FL 33777-1161

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7776559

Full Name (Last, First, Middle Initial)
C. Dr. Michael A. Figura

Mailing Address
5 Deerfield Ridge Rd.

City State Zip Code
Chesterfield MO 63005-6201

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer County Podiatrists Inc. Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7776626

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: (check only one)		PAGE 23 / 34	
	<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

A. Full Name (Last, First, Middle Initial)
Dr. Carol F. LaRose

Mailing Address
1748 S. Yorktown Ave.

City State Zip Code
Tulsa OK 74104

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Springer Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7797228

B. Full Name (Last, First, Middle Initial)
Dr. Dennis R. Frisch

Mailing Address
1070 S.W. 19th St

City State Zip Code
Boca Raton FL 33486-6830

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Boca Raton Podiatry Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7778558

C. Full Name (Last, First, Middle Initial)
Dr. Joseph H. Strickland

Mailing Address
2990 Longbrooke Way

City State Zip Code
Clearwater FL 34820-1719

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7778540

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 34	
	<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. Robert Fimmel

Mailing Address
7442 Psarobis Ct.

City State Zip Code
Sarasota FL 34241

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sarasota Footcare Center P.A. Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7776555

Full Name (Last, First, Middle Initial)
B. Dr. Linda L. Alexander

Mailing Address
2376 Foxhaven Dr. W.

City State Zip Code
Jacksonville FL 32224

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7776163

Full Name (Last, First, Middle Initial)
C. Dr. Stuart A. Courtney

Mailing Address
3590 N. 45th Ave.

City State Zip Code
Hollywood FL 33021-2450

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 7776543

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: (check only one)		PAGE 25 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Timothy Tilo

Mailing Address
11808-2 San Jose Blvd.
City: Jacksonville State: FL Zip Code: 32223-1862

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: _____ Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7776554

Full Name (Last, First, Middle Initial)
B. Dr. David B. Arkin

Mailing Address
2868 Downing St.
City: Big Flats State: NY Zip Code: 14814-9607

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: _____ Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7776708

Full Name (Last, First, Middle Initial)
C. Dr. Thomas J. Orterzo

Mailing Address
2315 Freysville Rd.
City: Red Lion State: PA Zip Code: 17356

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Associated Foot & Ankle Specialists Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7776774

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Bryan L. Cain

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Mailing Address
2715 S.W. Bishop Rd.

City State Zip Code
Lawton OK 73505-4205

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lawton Family Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7776624

B. Full Name (Last, First, Middle Initial)
Dr. Mark S. Block

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Mailing Address
2200 W. Glades Rd. #806

City State Zip Code
Boca Raton FL 33431-7309

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7776552

C. Full Name (Last, First, Middle Initial)
Dr. Mark Hase

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2003

Mailing Address
1024 Tramway Ln. N.W.

City State Zip Code
Albuquerque NM 87122-1317

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Albuquerque Associated Podiatrists Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7776701

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 27 / 34

(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. Salvatore L. DeLellis

Mailing Address

468 Lakeview Dr.

City

State

Zip Code

Palm Harbor

FL

34683-2824

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 3 0 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7776558

Full Name (Last, First, Middle Initial)

B. Dr. R. F. Eckstein

Mailing Address

2721 Dunsinane Rd.

City

State

Zip Code

Pensacola

FL

32503

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 3 0 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7776247

Full Name (Last, First, Middle Initial)

C. Dr. Joseph Klefer

Mailing Address

4060 Dunwoody Dr.

City

State

Zip Code

Pensacola

FL

32504

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 3 0 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Gulf Coast Podiatry

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7776553

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 34

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. Steven M. Spinner

Mailing Address

1031 Coralina Ln.

City

State

Zip Code

Delray Beach

FL

33483

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 3 0 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7776751

Full Name (Last, First, Middle Initial)

B. Dr. Brian W. Cornel

Mailing Address

3 Algonquin Dr.

City

State

Zip Code

Middletown

RI

02842-4573

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 3 1 / 2 0 0 3

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7798841

Full Name (Last, First, Middle Initial)

C. Dr. Stephen Patrucco

Mailing Address

8 Lyme Regis

City

State

Zip Code

Cromwell

CT

06416

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 3 1 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
CT Foot Care Centers L.L.C.

Occupation

Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7798843

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: (check only one)		PAGE 29 / 34	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Steven E. Damon

Mailing Address
399 N. Main St.
City: Suffield State: CT Zip Code: 06078-1828

Date of Receipt
M / D / Y Y Y Y
01 / 31 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7798845

Full Name (Last, First, Middle Initial)
B. Dr. Harvey S. Karpo

Mailing Address
649 N. Broad St.
City: Woodbury State: NJ Zip Code: 08096-1621

Date of Receipt
M / D / Y Y Y Y
01 / 31 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Transaction ID: 7798848

Full Name (Last, First, Middle Initial)
C. Dr. Gentr S. Vahl

Mailing Address
370 Bel Aire Ct.
City: Punta Gorda State: FL Zip Code: 33950

Date of Receipt
M / D / Y Y Y Y
01 / 31 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 7798847

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: (check only one)				PAGE 30 / 34
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Jill Lynn Jackson-Smith

Mailing Address
8829 S. 92nd E. Ct.

City State Zip Code
Tulsa OK 74133

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2008

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Supulpa Foot & Ankle Clinic Podiatrist

Amount of Each Receipt this Period
250.00

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7798846

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	23500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 34	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Advest, Inc. Date of Receipt
Mailing Address
17 W. Main Street N M / D E / Y V V V
01 31 2003
City State Zip Code
Avon CT 06001-3717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 783.59
Name of Employer Occupation
Advest, Inc. Investment Firm
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 783.59 Transaction ID: 7830418

Full Name (Last, First, Middle Initial)
B. Advest, Inc. Date of Receipt
Mailing Address
17 W. Main Street N M / D E / Y V V V
01 31 2003
City State Zip Code
Avon CT 06001-4705 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 3968.77
Name of Employer Occupation
Advest, Inc. Investment Firm
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 3968.77 gain on investments Transaction ID: 7830421

C.

SUBTOTAL of Receipts This Page (optional)	▶	4752.36
TOTAL This Period (last page this line number only)	▶	4752.36

**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 32 / 34

<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				

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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. Earl Pomeroy For Congress			Date of Disbursement 01 / 29 / 2003	
Mailing Address P.O. Box 746 City: Bismarck State: ND Zip Code: 58502			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name Mr. Earl Pomeroy				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002		Transaction ID: 7801009	
State: ND District: 1				

Full Name (Last, First, Middle Initial) B. A Lot of People Supporting Tom Daschle			Date of Disbursement 01 / 29 / 2003	
Mailing Address P.O. Box 1858 City: Sioux Falls State: SD Zip Code: 57101			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name Mr. Tom Daschle				
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 Primary Electio		Transaction ID: 7801018	
State: SD District: 1				

Full Name (Last, First, Middle Initial) C. Rogers For Congress			Date of Disbursement 01 / 29 / 2003	
Mailing Address 6899 Corrigan Drive City: Brighton State: MI Zip Code: 48116			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name Michael Rogers				
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		Transaction ID: 7801011	
State: MI District: 8				

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 33 / 34

<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				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Citizens for Arlen Spector		Date of Disbursement 01 / 29 / 2003
Mailing Address 111 S. 15th St City Philadelphia State PA Zip Code 19102		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Senator Arlen Spector		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	Transaction ID: 7801D12
State: PA District: 0		

Full Name (Last, First, Middle Initial) B. The Judd Gregg Committee		Date of Disbursement 01 / 29 / 2003
Mailing Address P.O. Box 754 City Concord State NH Zip Code 03302		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Senator Judd Gregg		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	Transaction ID: 7801D18
State: NH District: 0		

Full Name (Last, First, Middle Initial) C. Grassley Committee Inc.		Date of Disbursement 01 / 29 / 2003
Mailing Address 5301 Wisconsin Ave. City Washington State DC Zip Code 20015		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Mr. Charles E. Grassley		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	Transaction ID: 7801D10
State: IA District: 1		

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 34 / 34

<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29
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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. Hoyer for Congress		Date of Disbursement 01 / 29 / 2003	
Mailing Address 7605 Malcolm Rd. Ste. 102 City State Zip Code Clinton MD 20735		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Steny H. Hoyer		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: MD District: 5	Transaction ID: 7801D13	

Full Name (Last, First, Middle Initial) B. Michaud For Congress		Date of Disbursement 01 / 29 / 2003	
Mailing Address 213 Lisbon Street City State Zip Code Lewiston ME 04240		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Michael Michaud		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District: 2	Transaction ID: 7801D08	

Full Name (Last, First, Middle Initial) C. Team Sununu		Date of Disbursement 01 / 29 / 2003	
Mailing Address PO Box 500 City State Zip Code Rye NH 03870		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. John Sununu		Disbursement For: 2008 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary Electio	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District: 1	Transaction ID: 7801D14	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	10500.00