

**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  NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	<input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

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

Primary (12P)	General (12G)	Runoff (12R)
Convention (12C)	Special (12S)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day Post-Election Report for the:

General (30G)	Runoff (30R)	Special (30S)
---------------	--------------	---------------

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 01 2003 through 11 30 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 12 17 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.

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

**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: <sup>M</sup>11 <sup>: :</sup>01 <sup>Y ( Y )</sup>2003 To: <sup>M</sup>11 <sup>: :</sup>30 <sup>Y ( Y )</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y ( Y )</sup> 2003		288398.70
(b) Cash on Hand at Beginning of Reporting Period .....	367763.16	
(c) Total Receipts (from Line 19) .....	17746.00	271085.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	385529.16	559483.90
7. Total Disbursements (from Line 31) .....	3000.00	176954.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	382529.16	382529.16
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: <sup>M</sup>11 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>11 <sup>D</sup>30 <sup>Y</sup>2003

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) .....	5575.00	
(ii) Unitemized .....	12141.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	17716.00	236057.78
(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) .....	17716.00	236057.78
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	30.00	34027.42
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)) .....	17746.00	271085.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17746.00	271085.20

**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	866.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	866.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	176000.00
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	88.05
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))..	3000.00	176954.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3000.00	176954.74

**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) .....	17716.00	236057.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17716.00	236057.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	666.69
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	666.69

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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) <b>A. Dr. Alan L. Balkansky</b>		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 3244 Joliet Ct.		Transaction ID: 8886896
City Mequon	State WI	Zip Code 53092-2316
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>B. Dr. Richard J. Miller</b>		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 2408 Houston Branch Rd.		Transaction ID: 8886895
City Charlotte	State NC	Zip Code 28270-0777
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Carnel Foot Specialists P.A.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Harry J. Deason</b>		Date of Receipt M / D / Y 11 / 03 / 2003
Mailing Address 822 Sunnydale Rd.		Transaction ID: 8886882
City Knoxville	State TN	Zip Code 37923-2225
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>850.00</b>
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 / 14	
	<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) <b>A. Dr. Thomas S. Murray</b>		Date of Receipt M / D / Y 11 / 04 / 2003
Mailing Address 10812 S.E. 3rd St.		Transaction ID: 8845673
City Midwest City	State OK	Zip Code 73130-5104
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>B. Dr. S. Ronald Miller</b>		Date of Receipt M / D / Y 11 / 04 / 2003
Mailing Address 14 Courtleigh Pl.		Transaction ID: 8845681
City Reading	State PA	Zip Code 19606-2841
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Berkshire Podiatry Center	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. David Krulwitz, DPM</b>		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address 637B Spring Mountain Rd		Transaction ID: 8886729
City Las Vegas	State NV	Zip Code 89148-8850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 8/14	
	<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. David J. Neese		Date of Receipt M / D / Y 11 / 07 / 2003
Mailing Address 7794 102nd St. N.E.		Transaction ID: 8888777
City Monticello	State MN	Zip Code 55362-3801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Family Foot & Ankle Clinic P.A.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Kathleen M. Lynch		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address 8095 Princess Path		Transaction ID: 8888826
City Liverpool	State NY	Zip Code 13060-1839
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Larry S. Hotchkiss		Date of Receipt M / D / Y 11 / 17 / 2003
Mailing Address 24 Harvard Ct.		Transaction ID: 8913316
City Rockville	State MD	Zip Code 20850-1148
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>675.00</b>
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 9 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Joseph Albert Buenahora		Date of Receipt M / D / Y 11 / 17 / 2003
Mailing Address 85 Woodchuck Hollow Rd.		Transaction ID: 8913287
City Cold Spring Harbor	State NY	Zip Code 11724-2434
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer E. Meadow Podiatry	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael A. Conroy		Date of Receipt M / D / Y 11 / 17 / 2003
Mailing Address 892 N. Broadway		Transaction ID: 8913289
City North Massapequa	State NY	Zip Code 11758-2352
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Massapequa Foot Care	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Harold J. Seuder		Date of Receipt M / D / Y 11 / 19 / 2003
Mailing Address 417 N. 10th St.		Transaction ID: 8886950
City Independence	State KS	Zip Code 67301-3015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1150.00</b>
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 / 14	
	<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) <b>A. Dr. Ivan N. Cooper</b>		Date of Receipt M / D / Y 11 / 10 / 2003
Mailing Address 8732 Inlet Dr.		Transaction ID: 8888952
City Knoxville	State TN	Zip Code 37822-6400
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Knoxville Footcare	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael K. Lowe</b>		Date of Receipt M / D / Y 11 / 20 / 2003
Mailing Address 1361 S. 1700 E.		Transaction ID: 8913268
City Salt Lake City	State UT	Zip Code 84108-2271
FEC ID number of contributing federal political committee. <b>C</b>		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) <b>C. Dr. Ricky D. Roach</b>		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 18417 Lake Dr. E.		Transaction ID: 8906487
City Vanceleave	State MS	Zip Code 39566-7413
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Foot Specialist of S. Mississippi	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> 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 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. David Hayes Haley</b>		Date of Receipt M / D / Y 11 / 24 / 2003
Mailing Address 1801 Milltown Rd. #24		Transaction ID: 8913369
City Wilmington	State DE	Zip Code 19808-4084
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Foot Care Group P.A.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Wayne A. Vetter</b>		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 530 N.W. View Ridge Way		Transaction ID: 8913358
City Camas	State WA	Zip Code 98607-9380
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ankle & Foot Clinic P.C.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark O. Ellis</b>		Date of Receipt M / D / Y 11 / 25 / 2003
Mailing Address 682 33rd St		Transaction ID: 8913337
City Astoria	State OR	Zip Code 97103-2722
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	<b>750.00</b>
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 / 14	
	<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. Kristin K. Titus		Date of Receipt M / D / Y 11 / 25 / 2008
Mailing Address 11082 Allenhurst Blvd.		Transaction ID: 8913087
City Cincinnati	State OH	Zip Code 45241
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Podiatry of Hamilton Inc.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	5575.00

**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 13 / 14	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		M / D / Y 11 / 01 / 2003
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 8979962
Name of Employer Lagg Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		30.00
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 17538.29	

SUBTOTAL of Receipts This Page (optional) .....	▶	30.00
TOTAL This Period (last page this line number only) .....	▶	30.00

**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 14 / 14			
	<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		

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. Norwood for Congress		Transaction ID: 8888368 Date of Disbursement 11 / 11 / 2003	
Mailing Address 3643 Walton Way Extension		Amount of Each Disbursement this Period 1000.00	
City Augusta	State GA	Zip Code 30909	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	
Candidate Name Mr. Charlie Norwood			
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: GA District 10		

Full Name (Last, First, Middle Initial) B. Missourians for Kit Bond		Transaction ID: 8888367 Date of Disbursement 11 / 11 / 2003	
Mailing Address 811 Main St.		Amount of Each Disbursement this Period 1000.00	
City Kansas City	State MO	Zip Code 64105	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	
Candidate Name Senator Christopher S. Bond			
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: MO District 0		

Full Name (Last, First, Middle Initial) C. Mike Bilirakis for Congress		Transaction ID: 8888369 Date of Disbursement 11 / 11 / 2003	
Mailing Address P.O. Box 1077		Amount of Each Disbursement this Period 1000.00	
City Tarpon Springs	State FL	Zip Code 34688	011 Category/ Type
Purpose of Disbursement		Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	
Candidate Name Mr. Michael Bilirakis			
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: FL District 9		

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