

**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

X

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

08

01

2004

through

08

30

2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dr. Gerald Peterson, DPM

Signature of Treasurer

Electronically Filed by Dr. Gerald Peterson, DPM

Date

07

19

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^M06 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		396695.75
(b) Cash on Hand at Beginning of Reporting Period	367663.44	
(c) Total Receipts (from Line 19)	21421.00	181233.09
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	409304.44	577926.84
7. Total Disbursements (from Line 31)	44000.00	212624.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	365304.44	365304.44
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: ^M06 ⁻01 ⁻2004 To: ^M06 ⁻30 ⁻2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7851.00	
(ii) Unitemized	12570.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	20421.00	166679.02
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20421.00	166679.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	1000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	12554.07
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))	21421.00	181233.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21421.00	181233.09

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	124.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	124.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	212000.00
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.....	500.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	500.00	500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	44000.00	212624.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44000.00	212624.40

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20421.00	166679.02
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19921.00	166179.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	124.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	124.40

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

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Joan M. Meyer		Date of Receipt M / D / Y 06 / 01 / 2004
Mailing Address 324D Purer Rd.		Transaction ID: 9735282
City Escondido	State CA	Zip Code 92029-7250
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce E. Waxman		Date of Receipt M / D / Y 06 / 01 / 2004
Mailing Address 29 Blackthorn Loop		Transaction ID: 9735303
City Wappingers Falls	State NY	Zip Code 12590-4226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert M. Gerber		Date of Receipt M / D / Y 06 / 01 / 2004
Mailing Address 4723 N. Lincoln Ave.		Transaction ID: 9735287
City Chicago	State IL	Zip Code 60625-2000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Brian W. Zale		Date of Receipt M / D / Y 06 / 01 / 2004
Mailing Address 3114 Deer Creek		Transaction ID: 9735288
City Sugar Land	State TX	Zip Code 77478-4256
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Edwin W. Wolf		Date of Receipt M / D / Y 06 / 01 / 2004
Mailing Address 1 W. 85th St.		Transaction ID: 9748549
City New York	State NY	Zip Code 10024-4132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Freddie L. Edelman		Date of Receipt M / D / Y 06 / 01 / 2004
Mailing Address 481D Widgeon Path		Transaction ID: 9735280
City Manlius	State NY	Zip Code 13104-9809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Podiatry Services of Central NY, P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Mark F. Rogers		Date of Receipt M / D / Y 06 / 01 / 2004
Mailing Address 150 W. 800 N.		Transaction ID: 9735266
City	State	Zip Code
Provo	UT	84601-1624
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central UT Foot & Ankle Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James Rolf Nabick		Date of Receipt M / D / Y 06 / 02 / 2004
Mailing Address 1332 Waberford Rd.		Transaction ID: 9736305
City	State	Zip Code
Woodbury	MN	55125-2365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Columbia Park Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brad L.Z. Naylor		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 1129 Fay St		Transaction ID: 8835983
City	State	Zip Code
Redwood City	CA	94061-2240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. D. Charles Greiner		Date of Receipt M / D / Y 06 / 15 / 2004
Mailing Address 3713 S. High St.		Transaction ID: 9777397
City Columbus	State OH	Zip Code 43207-4011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 501.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 501.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Patrick J. Nunan		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 584D Winged Foot Dr.		Transaction ID: 9778563
City West Chester	State OH	Zip Code 45669-1961
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas S. Miller		Date of Receipt M / D / Y 06 / 16 / 2004
Mailing Address 1084 S. Ribaut Rd. #A		Transaction ID: 9778570
City Beaufort	State SC	Zip Code 29502-5497
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Podiatry Associates, P.A.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1001.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 10 / 29

(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. Ronald G. Cervetti		Date of Receipt M / D / Y 06 / 18 / 2004
Mailing Address 4025 University Ave.		Transaction ID: 9834923
City Waterloo	State IA	Zip Code 50701-5639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cedar Valley Podiatry	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Ronald J. Solitto		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 2405 Prospect Ave.		Transaction ID: 9848406
City Spring Lake	State NJ	Zip Code 07762-1737
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark M. Schlanesky		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 119 Elking Rd.		Transaction ID: 9848405
City Catskill	State NY	Zip Code 12414-6731
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. William E. Baird		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 99 Emeral St. Dr.		Transaction ID: 9848408
City Taylorsville	State NC	Zip Code 28681
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Donna McArespey		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 33 Buttonwood Rd.		Transaction ID: 9848412
City Voorhees	State NJ	Zip Code 08043-2001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John Scot Odle		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 1800 Birmingham Ave.		Transaction ID: 9848413
City Jasper	State AL	Zip Code 35501-5461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jasper Podiatry Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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FOR LINE NUMBER: PAGE 12 / 29

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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. Katherine Bailey		Date of Receipt M / D / Y 06 / 21 / 2004
Mailing Address 1307 Washington St. #100		Transaction ID: 9848411
City Oregon	State IL	Zip Code 61061-1022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bailey & Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Freddie L. Edelman		Date of Receipt M / D / Y 06 / 22 / 2004
Mailing Address 481 D Widgeon Path		Transaction ID: 8844385
City Manlius	State NY	Zip Code 13104-9609
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Podiatry Services of Central NY, P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 0.00
Receipt For: Primary General Other (specify) ▼		

[MEMO ITEM]
Refund(s) on Schedule B. Totaling \$500.00 This changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial) C. Dr. Grace Ting		Date of Receipt M / D / Y 06 / 22 / 2004
Mailing Address 5804 Freeman Ave.		Transaction ID: 8848371
City La Crescenta	State CA	Zip Code 91214-1517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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FOR LINE NUMBER: PAGE 13 / 29

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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. Eugene R. Fleuman		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 2000 S. Ocean Blvd. #306N		Transaction ID: 9848387
City Palm Beach	State FL	Zip Code 33480-5212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Kevin Holton		Date of Receipt M / D / Y 06 / 23 / 2004
Mailing Address 2805 Jasmine Ct.		Transaction ID: 9848382
City Saint Cloud	State MN	Zip Code 56301-9467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert O. McCabe		Date of Receipt M / D / Y 06 / 24 / 2004
Mailing Address 124 Saratoga Rd.		Transaction ID: 9848419
City Scotia	State NY	Zip Code 12302-4114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Dr. David C. Greenberg		Date of Receipt M / D / Y 06 / 25 / 2004	
Mailing Address 8912 S.W. 87th Ave.		Transaction ID: 9848378	
City Portland	State OR	Zip Code 97223-9471	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Todd Damian O'Brien		Date of Receipt M / D / Y 06 / 25 / 2004	
Mailing Address P.O. Box 391		Transaction ID: 9848374	
City West Enfield	State ME	Zip Code 04493-0391	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Harold J. Seuder		Date of Receipt M / D / Y 06 / 28 / 2004	
Mailing Address 417 N. 10th St.		Transaction ID: 9847970	
City Independence	State KS	Zip Code 67301-3015	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary General Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 15 / 29

(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. Lawrence Platin		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 9 Canterbury Ct.		Transaction ID: 9847969
City Warren	State NJ	Zip Code 07059-5152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul M. Greenman		Date of Receipt M / D / Y 06 / 28 / 2004
Mailing Address 800D Almond Ter.		Transaction ID: 9847966
City Plantation	State FL	Zip Code 33317-2504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Thomas S. Godfrey		Date of Receipt M / D / Y 06 / 30 / 2004
Mailing Address 498B Heather Point		Transaction ID: 9850759
City Birmingham	State AL	Zip Code 35242-3550
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Birmingham Podiatry, P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	7851.00

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

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

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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. Chris John For Congress		Date of Receipt M / D / Y 06 / 14 / 2004
Mailing Address P.O. Drawer 307		Transaction ID: 9772066
City Crowley	State LA	Zip Code 70527
FEC ID number of contributing federal political committee. C C00316596		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Returned Contribution
Receipt For: 2004 Primary General X Other (specify) ▼ 2004 Primary Elec- tion	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

**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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Boyd for Congress Committee		Transaction ID: 9732309 Date of Disbursement 06 / 01 / 2004	
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 1000.00	
City Tallahassee State FL Zip Code 32317-5703	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Mr. Allen Boyd	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District 2			

Full Name (Last, First, Middle Initial) B. Richard Burr Committee, The		Transaction ID: 9732167 Date of Disbursement 06 / 01 / 2004	
Mailing Address Post Office Box 5928		Amount of Each Disbursement this Period 1000.00	
City Winston-Salem State NC Zip Code 27113	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Richard M. Burr	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: NC District 5			

Full Name (Last, First, Middle Initial) C. Stoll 2004		Transaction ID: 9732166 Date of Disbursement 06 / 01 / 2004	
Mailing Address PO Box 603		Amount of Each Disbursement this Period 2000.00	
City Imperial State MO Zip Code 63052	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Mr. Stephen Stoll	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: MO District 3			

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. John Sullivan For Congress		Transaction ID: 9732165 Date of Disbursement 06 / 01 / 2004	
Mailing Address Post Office Box 470840		Amount of Each Disbursement this Period 1000.00	
City Tulsa	State OK	Zip Code 74147	011 Category/ Type 2004 Primary Election
Purpose of Disbursement 2004 Primary Election			
Candidate Name Rep. John Sullivan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 1	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) B. Doyle For Congress Committee		Transaction ID: 9732165 Date of Disbursement 06 / 01 / 2004	
Mailing Address 2227 Hampton Street 2227 Hampton Street		Amount of Each Disbursement this Period 1000.00	
City Pittsburgh	State PA	Zip Code 15218	011 Category/ Type 2004 General Election
Purpose of Disbursement 2004 General Election			
Candidate Name Rep. Michael F. Doyle			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		

Full Name (Last, First, Middle Initial) C. Tim Bishop For Congress		Transaction ID: 9732176 Date of Disbursement 06 / 01 / 2004	
Mailing Address PO Box 437		Amount of Each Disbursement this Period 1000.00	
City Farmingville	State NY	Zip Code 11738	011 Category/ Type 2004 Primary Election
Purpose of Disbursement 2004 Primary Election			
Candidate Name Rep. Timothy Bishop			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 1	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Matheson For Congress		Transaction ID: 9732231 Date of Disbursement 06 / 01 / 2004	
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 500.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. James D. Matheson	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: UT District 2			

Full Name (Last, First, Middle Initial) B. Daniel K. Inouye in 2004		Transaction ID: 9764271 Date of Disbursement 06 / 09 / 2004	
Mailing Address 841 Bishop St Ste 1601		Amount of Each Disbursement this Period 2000.00	
City Honolulu State HI Zip Code 06813	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Sen. Daniel K. Inouye	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District 1			

Full Name (Last, First, Middle Initial) C. Diana DeGette For Congress		Transaction ID: 9764285 Date of Disbursement 06 / 09 / 2004	
Mailing Address 770 Grant Street Suite 23B 770 Grant Street Suite 238		Amount of Each Disbursement this Period 2500.00	
City Denver State CO Zip Code 80203	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Diana DeGette	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District 1			

SUBTOTAL of Disbursements This Page (optional) ► **5000.00**

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Max Sandlin For Congress		Transaction ID: 97642B1 Date of Disbursement 06 / 09 / 2004	
Mailing Address PO Box 70621		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20024	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Max Sandlin	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 1			

Full Name (Last, First, Middle Initial) B. Peter Deutsch For Senate		Transaction ID: 97642B0 Date of Disbursement 06 / 09 / 2004	
Mailing Address P.O. Box 817689		Amount of Each Disbursement this Period 1000.00	
City Hollywood State FL Zip Code 33081	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Peter Deutsch	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20			

Full Name (Last, First, Middle Initial) C. Jd Hayworth For Congress		Transaction ID: 9764323 Date of Disbursement 06 / 09 / 2004	
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00	
City Scottsdale State AZ Zip Code 85280	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. J.D. Hayworth	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: AZ District: 5			

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Jim Ramstad Volunteer Committee			Transaction ID: 9764278 Date of Disbursement 06 / 09 / 2004		
Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #31D			Amount of Each Disbursement this Period 1000.00		
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement 2004 Primary Election		011 Category/ Type		2004 Primary Election
Candidate Name Rep. Jim Ramstad		Disbursement For: 2004 Primary General			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District 3	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				

Full Name (Last, First, Middle Initial) B. Marion Berry For Congress			Transaction ID: 9764322 Date of Disbursement 06 / 09 / 2004		
Mailing Address P.O. Box 8084 P.O. Box 8084			Amount of Each Disbursement this Period 1000.00		
City Jonesboro State AR Zip Code 72403	Purpose of Disbursement 2004 General Election		011 Category/ Type		2004 General Election
Candidate Name Rep. Marion Berry		Disbursement For: 2004 Primary General			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District 1	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General				

Full Name (Last, First, Middle Initial) C. Ron Lewis For Congress			Transaction ID: 9764276 Date of Disbursement 06 / 09 / 2004		
Mailing Address PO Box 307			Amount of Each Disbursement this Period 1000.00		
City Elizabethtown State KY Zip Code 42702	Purpose of Disbursement 2004 General Election		011 Category/ Type		2004 General Election
Candidate Name Rep. Ron Lewis		Disbursement For: 2004 Primary General			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District 2	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General				

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Otter For Idaho		Transaction ID: 9784273 Date of Disbursement 06 / 09 / 2004	
Mailing Address P.O. Box 7807		Amount of Each Disbursement this Period 1000.00	
City Boise State ID Zip Code 83707	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. C.L. Otter	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District 1			

Full Name (Last, First, Middle Initial) B. Tauzin For Congress		Transaction ID: 9778585 Date of Disbursement 06 / 09 / 2004	
Mailing Address 701 Bayou Lane PO Box 647		Amount of Each Disbursement this Period 1000.00	
City Thibodaux State LA Zip Code 70302	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Mr. Wilbert Tauzin	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District 3			

Full Name (Last, First, Middle Initial) C. Norwood For Congress		Transaction ID: 9784461 Date of Disbursement 06 / 16 / 2004	
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period 1000.00	
City Evans State GA Zip Code 30809	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Charles W. Norwood	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: GA District 9			

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)
A. Rangel for Congress

Mailing Address 850 7th Avenue, #701

City New York State NY Zip Code 10019

Purpose of Disbursement
2004 Primary Election

Candidate Name
Mr. Charles B. Rangel

Office Sought: House Senate President
Disbursement For: 2004 Primary General
 Other (specify) ▼
2004 Primary Electio

State: NY District 15

011
Category/
Type

Transaction ID: 9784457
Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

2000.00

2004 Primary Election

Full Name (Last, First, Middle Initial)
B. Citizens For Arlen Specter

Mailing Address 426 C Street Ne
Carriage House

City Washington State DC Zip Code 20002

Purpose of Disbursement
2004 General Election

Candidate Name
Sen. Arlen Specter

Office Sought: House Senate President
Disbursement For: 2004 Primary General
 Other (specify) ▼
2004 General

State: PA District 1

011
Category/
Type

Transaction ID: 9784453
Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

2000.00

2004 General Election

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

Mailing Address PO Box 83D

City York State SC Zip Code 29745

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. John M. Spratt, Jr.

Office Sought: House Senate President
Disbursement For: 2004 Primary General
 Other (specify) ▼
2004 General

State: SC District 5

011
Category/
Type

Transaction ID: 9784452
Date of Disbursement

06 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

2004 General Election

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Chandler For Congress		Transaction ID: 9784450 Date of Disbursement 06 / 16 / 2004	
Mailing Address PO Box 12678		Amount of Each Disbursement this Period 1000.00	
City Lexington State KY Zip Code 40583	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District D	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		

Full Name (Last, First, Middle Initial) B. Moran For Congress		Transaction ID: 9784454 Date of Disbursement 06 / 16 / 2004	
Mailing Address PO Box 2518		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22301	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. James P. Moran	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District B		

Full Name (Last, First, Middle Initial) C. Markey For Congress Committee		Transaction ID: 9784449 Date of Disbursement 06 / 16 / 2004	
Mailing Address P.O. Box 528		Amount of Each Disbursement this Period 1000.00	
City Medford State MA Zip Code 02155	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Edward J. Markey	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District 7		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)
A. Charles A. Gonzalez Congressional Campaign

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2004 General Election

Candidate Name
Charlie A. Gonzalez

Office Sought: House Senate President
State: TX District: 20

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

Transaction ID: 9837374
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
B. David Wu for Congress

Mailing Address 818 SW 3RD ST #1182

City Portland State OR Zip Code 97205

Purpose of Disbursement
2004 General Election

Candidate Name
David Wu

Office Sought: House Senate President
State: OR District: 1

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

Transaction ID: 9837375
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
C. Friends of Barbara Boxer

Mailing Address P.O. Box 641751

City Los Angeles State CA Zip Code 90064

Purpose of Disbursement
2004 General Election

Candidate Name
Senator Barbara Boxer

Office Sought: House Senate President
State: CA District: 0

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

Transaction ID: 9837367
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
2500.00

011
Category/
Type
2004 General Election

SUBTOTAL of Disbursements This Page (optional) ► **4500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Mark Foley For Congress		Transaction ID: 9837373 Date of Disbursement 06 / 22 / 2004	
Mailing Address 3507 Village Blvd #5-304		Amount of Each Disbursement this Period 1000.00	
City West Palm Beach State FL Zip Code 33409	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Mr. Mark Foley	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	
State: FL District: 16			

Full Name (Last, First, Middle Initial) B. Tammy Baldwin For Congress		Transaction ID: 9837372 Date of Disbursement 06 / 22 / 2004	
Mailing Address P O Box 696		Amount of Each Disbursement this Period 1000.00	
City Madison State WI Zip Code 53701	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Tammy Baldwin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	
State: WI District: 2			

Full Name (Last, First, Middle Initial) C. Mark Green for Congress		Transaction ID: 9837371 Date of Disbursement 06 / 22 / 2004	
Mailing Address P.O. Box 13103		Amount of Each Disbursement this Period 1000.00	
City Green Bay State WI Zip Code 54307	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Mark Green	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	
State: WI District: 8			

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Ryan For Congress		Transaction ID: 9837370 Date of Disbursement 06 / 22 / 2004	
Mailing Address P. O. Box 1919 P. O. Box 1919		Amount of Each Disbursement this Period 1000.00	
City Janesville State WI Zip Code 53547	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Paul Ryan	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District 1		
Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			

Full Name (Last, First, Middle Initial) B. Gilchrist For Congress		Transaction ID: 9837365 Date of Disbursement 06 / 22 / 2004	
Mailing Address P.O. Box 644		Amount of Each Disbursement this Period 1000.00	
City Chestertown State MD Zip Code 21620	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Wayne T. Gilchrist	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District 1		
Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General			

Full Name (Last, First, Middle Initial) C. Martin Frost Campaign Committee		Transaction ID: 9837369 Date of Disbursement 06 / 23 / 2004	
Mailing Address 400 S. Zang Suite 1414		Amount of Each Disbursement this Period 1000.00	
City Dallas State TX Zip Code 75208	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Martin Frost	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District 24		
Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General			

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Vic Snyder for Congress Committee		Transaction ID: 9844125 Date of Disbursement 06 / 25 / 2004	
Mailing Address PO Box 250998		Amount of Each Disbursement this Period 1000.00	
City Little Rock State AR Zip Code 72225	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Mr. Vic Snyder	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District 2			

Full Name (Last, First, Middle Initial) B. Bob Matsui For Congress Committee		Transaction ID: 9844123 Date of Disbursement 06 / 25 / 2004	
Mailing Address 8665 Wilshire Blvd. Suite 220		Amount of Each Disbursement this Period 2000.00	
City Beverly Hills State CA Zip Code 00211	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Robert T. Matsui	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District 5			

Full Name (Last, First, Middle Initial) C. Walter Jones For Congress Committee (2004)		Transaction ID: 9844124 Date of Disbursement 06 / 25 / 2004	
Mailing Address PO Box 99667		Amount of Each Disbursement this Period 1000.00	
City Raleigh State NC Zip Code 27624	Purpose of Disbursement 2004 Primary Election	011 Category/ Type	2004 Primary Election
Candidate Name Rep. Walter B. Jones, Jr.	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: NC District 3			

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	43500.00

**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)

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Freddie L. Edelman

Mailing Address 4610 Widgeon Path

City Manlius State NY Zip Code 13104-9809

Purpose of Disbursement
Refund of Contribution

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 9836223
Date of Disbursement

06 / 22 / 2004

Amount of Each Disbursement this Period
500.00

010
Category/
Type

Refund of Contribution

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