

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From: ^H09 ^{: :}01 ^{Y / Y /}2003 To: ^H09 ^{: :}30 ^{Y / Y /}2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y / Y /} 2003		288398.70
(b) Cash on Hand at Beginning of Reporting Period	356751.31	
(c) Total Receipts (from Line 19)	25729.95	236250.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	362481.26	524648.90
7. Total Disbursements (from Line 31)	20001.45	162169.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	362479.81	362479.81
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: ^M09 ^D01 ^Y2003 To: ^M09 ^D30 ^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)	7650.00	
(ii) Unitemized	17999.60	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	25649.60	201252.78
(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)	25649.60	201252.78
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.)	60.35	33997.42
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))	25729.95	236250.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25729.95	236250.20

DETAILED SUMMARY PAGE

of Disbursements

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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	581.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	581.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	161500.00
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.....	1.45	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))..	20001.45	162169.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	20001.45	162169.09

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)	25649.60	201252.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25649.60	201252.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	581.04
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	581.04

**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 / 22	
	<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. Daniel F. Ryan		Date of Receipt M / D / Y 09 / 01 / 2003
Mailing Address 16288 Birchwood Ln		Transaction ID: 8619112
City Brainerd	State MN	Zip Code 56401-6183
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Brainerd Medical Center P.A.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Eric W. Nelson		Date of Receipt M / D / Y 09 / 01 / 2003
Mailing Address 17466 Almond Rd.		Transaction ID: 8619111
City Castro Valley	State CA	Zip Code 94546-1262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Alan K. Meuser		Date of Receipt M / D / Y 09 / 01 / 2003
Mailing Address 425 S. Sherrin Ave.		Transaction ID: 8619129
City Louisville	State KY	Zip Code 40207-5817
FEC ID number of contributing federal political committee. C		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 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: PAGE 7 / 22	
	(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"/> 12	<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. Charles M. Kurteer		Date of Receipt M / D / Y 09 / 01 / 2003
Mailing Address 2 Wychwood Rd.		Transaction ID: 8619139
City Livingston	State NJ	Zip Code 07039-3627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer The FOOT Group	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Daniel M. Hagen		Date of Receipt M / D / Y 09 / 01 / 2003
Mailing Address 109 Silver Leaf Dr.		Transaction ID: 8619130
City Jacksonville	State NC	Zip Code 28546-7360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Vito N. Giardina		Date of Receipt M / D / Y 09 / 01 / 2003
Mailing Address 12311 Michhaelsford Rd.		Transaction ID: 8619145
City Cockeysville	State MD	Zip Code 21030-2248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	300.00
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 / 22	
	<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 L. Stevens		Date of Receipt M / D / Y 09 / 01 / 2003
Mailing Address 149 Adams Rd.		Transaction ID: 8619118
City Kutztown	State PA	Zip Code 19530-9249
FEC ID number of contributing federal political committee. C		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) B. Dr. Christopher Joseph Gauland		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 3703 Bach Cir.		Transaction ID: 8625115
City Greenville	State NC	Zip Code 27658-5344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Eastern Carolina Foot & Ankle Special	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Zackaria S. Parr		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address P.O. Box 1007		Transaction ID: 8625135
City Poplar Bluff	State MO	Zip Code 63902-1007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Southern Nevada Foot & Ankle Ctr.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 22	
	<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. Jerome E. Reeves		Date of Receipt M / D / Y 09 / 02 / 2003
Mailing Address 84-51 Beverly Rd. #2T		Transaction ID: 8625119
City Kew Gardens	State NY	Zip Code 11415-2110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Dr. Jerome E. Reeves P.C.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Craig S. Schein		Date of Receipt M / D / Y 09 / 03 / 2003
Mailing Address 4573 Bayley Hazen Rd.		Transaction ID: 8619173
City Peacham	State VT	Zip Code 05862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Neal Kramer		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address 5775 Fresh Meadow Dr.		Transaction ID: 8686219
City Macungie	State PA	Zip Code 18062-9522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 22	
	<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. Kathryn Riffe		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address 807D N. Main St.		Transaction ID: 8668231
City Milan	State TN	Zip Code 38358-6377
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Joshua Gerhart		Date of Receipt M / D / Y 09 / 08 / 2003
Mailing Address 16 Fairview		Transaction ID: 8668182
City Corte Madera	State CA	Zip Code 94925-1639
FEC ID number of contributing federal political committee. C		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	

Full Name (Last, First, Middle Initial) C. Dr. Daniel Byrd		Date of Receipt M / D / Y 09 / 16 / 2003
Mailing Address 615 N.W. 4th St		Transaction ID: 8662082
City Pendleton	State OR	Zip Code 97801-1414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Blue Mountain Foot Special- ists P.C.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's 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: (check only one)		PAGE 11 / 22	
	<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. Devin Lowe		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 1808 San Ramon Ave.		Transaction ID: 8686244
City Berkeley	State CA	Zip Code 94707-1630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer W. County Family Foot Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. John R. Iredale		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 3011 Wild Meadow Dr.		Transaction ID: 8686742
City Durham	State NC	Zip Code 27705-1837
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Carolina Foot & Ankle Assoc.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Fred Marino		Date of Receipt M / D / Y 09 / 17 / 2003
Mailing Address 1034 Windsong Pl.		Transaction ID: 8686242
City Murfreesboro	State TN	Zip Code 37129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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 12 / 22	
	<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. James E. Lisle		Date of Receipt M / D / Y 09 / 22 / 2003
Mailing Address 1327 Pressler Ct. S.		Transaction ID: 8698662
City Salem	State OR	Zip Code 97306-2165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cascadia Foot Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Larry J. Cohen		Date of Receipt M / D / Y 09 / 22 / 2003
Mailing Address 111D Harvest Wood		Transaction ID: 8698657
City San Antonio	State TX	Zip Code 78258-3809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Barry G. Wolff		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 1836 The Woods II		Transaction ID: 8686749
City Cherry Hill	State NJ	Zip Code 08003-4719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 22	
	<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. Mark M. Schibansky		Date of Receipt M / D / Y 09 / 25 / 2003
Mailing Address 119 Elking Rd.		Transaction ID: 8698598
City Catskill	State NY	Zip Code 12414-6731
FEC ID number of contributing federal political committee. C		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	

Full Name (Last, First, Middle Initial) B. Dr. Edward S. Rhee		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 19256 Coldstream Ln.		Transaction ID: 8698573
City Huntington Beach	State CA	Zip Code 92648-5522
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Western Foot & Ankle Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Dale Mark Rosenblum		Date of Receipt M / D / Y 09 / 26 / 2003
Mailing Address 130B1 Lariat Ln.		Transaction ID: 8698571
City Santa Ana	State CA	Zip Code 92705-2244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 22	
	(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"/> 12	<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 L. Appleton		Date of Receipt M / D / Y 09 / 20 / 2003
Mailing Address 5422 Beech Ridge Dr.		Transaction ID: 8692537
City	State	Zip Code
Fairfax	VA	22030-4618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Eric Silverstein		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 9 Coolidge Rd.		Transaction ID: 8697124
City	State	Zip Code
West Hartford	CT	06117-2319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CT Surgical Group	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	7650.00

**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 15 / 22	
	<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. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 17 W. Main Street		09 / 01 / 2009
City	State	Zip Code
Avon	CT	06001-4705
FEC ID number of contributing federal political committee.		Transaction ID: 8672950
C		Amount of Each Receipt this Period
		80.35
Name of Employer Advest. Inc.	Occupation Investment Firm	interest income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 17508.29	

SUBTOTAL of Receipts This Page (optional)	▶	80.35
TOTAL This Period (last page this line number only)	▶	80.35

**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 16 / 22			
	<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 D. Dingell for Congress Committee		Transaction ID: B656283 Date of Disbursement 09 / 09 / 2003		
Mailing Address 607 Fourteenth St., NW		Amount of Each Disbursement this Period 1000.00		
City Washington	State DC			Zip Code 20005
Purpose of Disbursement				011 Category/ Type
Candidate Name Mr. John D. Dingell				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			
State: MI	District: 16			

Full Name (Last, First, Middle Initial) B. Stephanie Tubbs Jones for US Congress		Transaction ID: B656279 Date of Disbursement 09 / 09 / 2003		
Mailing Address 3729 Silsby Road		Amount of Each Disbursement this Period 1000.00		
City University Heights	State OH			Zip Code 44116
Purpose of Disbursement				011 Category/ Type
Candidate Name Stephanie Jones				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			
State: OH	District: 11			

Full Name (Last, First, Middle Initial) C. Wyden for Senate		Transaction ID: B656286 Date of Disbursement 09 / 09 / 2003		
Mailing Address P.O. Box 3498		Amount of Each Disbursement this Period 1000.00		
City Portland	State OR			Zip Code 97208
Purpose of Disbursement				011 Category/ Type
Candidate Name Senator Ron Wyden				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			
State: OR	District: 2			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 17 / 22			
	<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. Mike Ross for Congress Committee		Transaction ID: B656280 Date of Disbursement 09 / 09 / 2003	
Mailing Address PO Box 360			
City Prescott	State AR	Zip Code 71857	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Michael Avery Ross			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: AR	District: 4		

Full Name (Last, First, Middle Initial) B. Upton for All of Us		Transaction ID: B656284 Date of Disbursement 09 / 09 / 2003	
Mailing Address P.O. Box 480			
City St. Joseph	State MI	Zip Code 49085	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Fred Upton			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: MI	District: B		

Full Name (Last, First, Middle Initial) C. Tim Murphy For Congress		Transaction ID: B656277 Date of Disbursement 09 / 09 / 2003	
Mailing Address PO Box 11721			
City Pittsburgh	State PA	Zip Code 15228	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Tim Murphy			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: PA	District: 18		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 / 22			
	<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. Heather Wilson For Congress		Transaction ID: B6562B5 Date of Disbursement 09 / 09 / 2003	
Mailing Address PO Box 14070			
City Albuquerque	State NM	Zip Code 87191	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Heather Wilson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NM	District: 1		

Full Name (Last, First, Middle Initial) B. Van Hollen For Congress		Transaction ID: B6562B1 Date of Disbursement 09 / 09 / 2003	
Mailing Address 3514 Farragut Avenue			
City Kensington	State MD	Zip Code 20805	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Chris Van Hollen			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: MD	District: B		

Full Name (Last, First, Middle Initial) C. Otter For Idaho		Transaction ID: B6562B2 Date of Disbursement 09 / 09 / 2003	
Mailing Address P.O. Box 7B07			
City Boise	State ID	Zip Code B3707	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. C.L. Otter			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: ID	District: 1		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 22			
	<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. Bill Thomas Campaign Committee		Transaction ID: 8709863 Date of Disbursement 09 / 26 / 2003	
Mailing Address P.O. Box 395			
City Bakersfield	State CA	Zip Code 93302	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Bill Thomas			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District 21	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) B. Ben Cardin for Congress		Transaction ID: 8709861 Date of Disbursement 09 / 26 / 2003	
Mailing Address 100 East Pratt St 27th Floor			
City Baltimore	State MD	Zip Code 21202	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Benjamin L. Cardin			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MD District 3	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) C. Hobson For Congress Committee		Transaction ID: 8709856 Date of Disbursement 09 / 26 / 2003	
Mailing Address 333 North Limestone St			
City Springfield	State OH	Zip Code 45503	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. David L. Hobson			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: OH District 7	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20 / 22	
	<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. Nethercutt For Congress		Transaction ID: 8709858 Date of Disbursement 09 / 26 / 2003	
Mailing Address P.O. Box 1925			
City Spokane	State WA	Zip Code 99201	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name George R. Nethercutt, Jr.			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: WA	District: 5		

Full Name (Last, First, Middle Initial) B. Campbell Victory Fund		Transaction ID: 8709852 Date of Disbursement 09 / 26 / 2003	
Mailing Address P.O. Box 480166			
City Denver	State CO	Zip Code 80248	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Ben Nighthorse Campbell			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: CO	District: 1		

Full Name (Last, First, Middle Initial) C. Mike Ross for Congress Committee		Transaction ID: 8709857 Date of Disbursement 09 / 26 / 2003	
Mailing Address PO Box 360			
City Prescott	State AR	Zip Code 71857	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Michael Avery Ross			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: AR	District: 4		

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 21 / 22

<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. Rob Andrews for Congress Committee		Transaction ID: B709860 Date of Disbursement 09 / 26 / 2003
Mailing Address 20 Brace Road Suite 200		Amount of Each Disbursement this Period 1500.00
City Cherry Hill	State NJ	
Zip Code 08034		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Mr. Robert E. Andrews		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	
State: NJ District 1		

Full Name (Last, First, Middle Initial) B. Cooper For Congress Committee		Transaction ID: B709856 Date of Disbursement 09 / 26 / 2003
Mailing Address Co Davidson & Golden P.O. Box 927		Amount of Each Disbursement this Period 1000.00
City Brentwood	State TN	
Zip Code 37024		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Jim Cooper		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	
State: TN District 5		

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	20000.00

**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 22 / 22

<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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Investment Account		Transaction ID: B672951 Date of Disbursement 09 / 01 / 2003	
Mailing Address		Amount of Each Disbursement this Period 1.45	
City	State		
Purpose of Disbursement interest expense		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		interest expense

SUBTOTAL of Disbursements This Page (optional)	▶	1.45
TOTAL This Period (last page this line number only)	▶	1.45