

**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)

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

11

20

2004

in the State of

5. Covering Period

10

14

2004

through

11

22

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

11

30

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

Write or Type Committee Name

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

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^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	295362.45	
(c) Total Receipts (from Line 19)	24955.39	300766.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	320337.84	697462.24
<hr/>		
7. Total Disbursements (from Line 31)	27931.72	405056.12
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	292406.12	292406.12
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^Y2004

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)	9082.00	
(ii) Unitemized	14088.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	23170.00	280548.02
(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)	23170.00	280548.02
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	1500.00	5500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	285.39	14718.47
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))	24955.39	300766.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24955.39	300766.49

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.....	5.75	130.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5.75	130.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27600.00	404300.00
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	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))..... ▶	0.00	500.00
29. Other Disbursements.....	125.97	125.97
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))..	27931.72	405056.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	27931.72	405056.12

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)	23170.00	280548.02
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23170.00	280048.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.75	130.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5.75	130.15

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

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

FOR LINE NUMBER: PAGE 6 / 26

(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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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. James C. Ricketti		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 11 Red Cedar Dr.		Transaction ID: 10289036
City Hamilton Square	State NJ	Zip Code 08690-2223
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 ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce P. Theall		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 16 Grace Rd.		Transaction ID: 10288876
City Lake Hiawatha	State NJ	Zip Code 07034-1211
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. William M. Finerty, Sr.		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 715 N. Gilmore St.		Transaction ID: 10289028
City Kenton	State OH	Zip Code 43328-1423
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 ▼ 350.00
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(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. David M. Moss		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 474D Bonnie Ct.		Transaction ID: 10289030
City West Bloomfield	State MI	Zip Code 48322-4467
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 ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Coaka		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 5955 Drake Rd.		Transaction ID: 10289038
City Cincinnati	State OH	Zip Code 45243-3305
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 ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen H. Silvan		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 3559 Old Mountain View Dr.		Transaction ID: 10288798
City Lafayette	State CA	Zip Code 94549-4518
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)	▶	500.00
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 / 26

(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. Ronald C. Heiman		Date of Receipt M / D / Y 10 / 15 / 2004
Mailing Address 9543 Bridlewood Trl.		Transaction ID: 10288888
City Centerville	State OH	Zip Code 45458-9320
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. Andrew V. Wahl		Date of Receipt M / D / Y 10 / 15 / 2004
Mailing Address 17860 Richmond Rd.		Transaction ID: 10288888
City Plainfield	State IL	Zip Code 60544-8219
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 ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David Krulwitz, DPM		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 637B Spring Mountain Rd		Transaction ID: 10288164
City Las Vegas	State NV	Zip Code 89148-8850
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) ▼		

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 9 / 26

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

Full Name (Last, First, Middle Initial) A. Dr. Allen K. Reich		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 4120 Barnstable Cove		Transaction ID: 10288558
City Memphis	State TN	Zip Code 38125-3002
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. Ira J. Gottlieb		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 8200 Spring Bottom Way		Transaction ID: 10141842
City Baltimore	State MD	Zip Code 21208-1858
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 R. Vranes		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 2203 Fawnfield Ln.		Transaction ID: 10118340
City San Antonio	State TX	Zip Code 78248-1528
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) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1050.00
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 10 / 26

(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. Jordan C. Nichols		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 2917 S. Keller Pl.		Transaction ID: 10110030
City Kennewick	State WA	Zip Code 99337-2522
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. W. Preston Goforth		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 3503 Hemlock Ct.		Transaction ID: 10122096
City Temple	State TX	Zip Code 76502-3601
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. Chris A. Kinowich		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 12630 Panasoffkee Dr.		Transaction ID: 10311899
City North Fort Myers	State FL	Zip Code 33503-4748
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)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 11 / 26

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph W. Reynolds		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 1295 Richard Smith Ave.		Transaction ID: 10355471
City Tulare	State CA	Zip Code 93274-8026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
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. John V. Vazara		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 201 Meadow Wood Rd.		Transaction ID: 10355490
City Gadsden	State AL	Zip Code 35901
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. Peter M. Harvey		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 1902 Barna		Transaction ID: 10355474
City Wichita Falls	State TX	Zip Code 76302-1561
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)	▶	775.00
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 / 26
(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. Gary M. Martin		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 503 S. Chestnut Ave.		Transaction ID: 10355497
City Marshfield	State WI	Zip Code 54449-3605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 207.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 207.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Joseph R. Selter		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 2708 McGraw Dr.		Transaction ID: 10355523
City Bloomington	State IL	Zip Code 61704-6087
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. James Stephen Zaremba		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 104 Basswood Dr.		Transaction ID: 10355478
City Aiken	State SC	Zip Code 29803-2687
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)	757.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 26
(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. Beverly A. Spurs		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 3213 Oxford Pl.		Transaction ID: 10355477
City Concord	State CA	Zip Code 94518-1405
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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. William H. Dehdoub		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 100 Ayshire Ct.		Transaction ID: 10355524
City Slidell	State LA	Zip Code 70461-5034
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 ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David B. Glover		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 75 Stinebaugh Dr.		Transaction ID: 10355518
City Wapakoneta	State OH	Zip Code 45865-1200
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)	▶	575.00
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 / 26
(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. Rosana Rodriguez		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 1 1/2 A St. #B		Transaction ID: 10355493
City Saint Augustine	State FL	Zip Code 32080-2811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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. Peter Elton Caldwell		Date of Receipt M / D / Y 11 / 02 / 2004
Mailing Address 529 Augusta Dr. S.E.		Transaction ID: 10355526
City Cedar Rapids	State IA	Zip Code 52409-1487
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. Marshall N. Kalinsky		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 222B Weepoolow Trail		Transaction ID: 10363271
City Charleston	State SC	Zip Code 29407-9688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	400.00
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 / 26

(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. Lisa R. Lanham		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 8121 E. Prairie Stream Way		Transaction ID: 10355518
City Columbus	State IN	Zip Code 47203-9047
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 L. Valenza		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 444 Hugo Real Rd.		Transaction ID: 10363275
City Kerrville	State TX	Zip Code 78028-8128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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) C. Dr. Richard Lynn Rupp		Date of Receipt M / D / Y 11 / 08 / 2004
Mailing Address 2400 Cinco Casitas		Transaction ID: 10375480
City La Crescenta	State CA	Zip Code 91214-3005
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 ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	575.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 26

(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. Katherine Bailey		Date of Receipt M / D / Y 11 / 08 / 2004	
Mailing Address Bailey & Associates 1307 Washington St. #100		Transaction ID: 10375478	
City Oregon	State IL	Zip Code 61061-1022	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bailey & Associates	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Donald D. Yoder		Date of Receipt M / D / Y 11 / 12 / 2004	
Mailing Address 301D W. Central		Transaction ID: 10375307	
City Wichita	State KS	Zip Code 67203-4910	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) C. Dr. Philip S. Newman		Date of Receipt M / D / Y 11 / 12 / 2004	
Mailing Address 54 Susquehanna Trl.		Transaction ID: 10375310	
City Branchburg	State NJ	Zip Code 08878-5407	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 26
(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. Helena L. Yee		Date of Receipt M / D / Y 11 / 15 / 2004
Mailing Address 450 Luakini St.		Transaction ID: 10390569
City Honolulu	State HI	Zip Code 96817-1447
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 ▼ 450.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark S. Isenberg		Date of Receipt M / D / Y 11 / 16 / 2004
Mailing Address 450 Hickorynut Ave.		Transaction ID: 10373623
City Oldsmar	State FL	Zip Code 34677-2017
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 E. Freeman, II		Date of Receipt M / D / Y 11 / 16 / 2004
Mailing Address 391 D E. C.R. 350 N.		Transaction ID: 10374768
City Muncie	State IN	Zip Code 47303
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 26
(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. Steven L. Hobbirk		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 549 W. Chocolate Ave.		Transaction ID: 10390573
City Hershey	State PA	Zip Code 17033-1640
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. Michael Morill		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 320D Penbroke Pl.		Transaction ID: 10390571
City Lexington	State KY	Zip Code 40509-2016
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)	▶	9082.00

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

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

FOR LINE NUMBER: PAGE 10 / 26
(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. People For Platts Committee		Date of Receipt M / D / Y 10 / 15 / 2004
Mailing Address 825 Olmstead Way		Transaction ID: 10274343
City York	State PA	Zip Code 17404
FEC ID number of contributing federal political committee. C C00343376		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Refund of Contribution
Receipt For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Iowans For Jim Leach		Date of Receipt M / D / Y 11 / 01 / 2004
Mailing Address 103 E College St Ste 310 103 E College St Ste 310		Transaction ID: 10346859
City Iowa City	State IA	Zip Code 52240
FEC ID number of contributing federal political committee. C C00083709		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Refund of Contribution
Receipt For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	1500.00

**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)
 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. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		MM / DD / YYYY 11 / 01 / 2004
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. C		Transaction ID: 10346165
Name of Employer Lagg Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		150.90
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 7563.79
		investment income

Full Name (Last, First, Middle Initial) B. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		MM / DD / YYYY 11 / 22 / 2004
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. C		Transaction ID: 10380202
Name of Employer Lagg Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Occupation Investment Firm		134.49
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 7698.28
		interest income

SUBTOTAL of Receipts This Page (optional)	▶	285.39
TOTAL This Period (last page this line number only)	▶	285.39

**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. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Henry A. Waxman

Office Sought: House Senate President
State: CA District: 30

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

Transaction ID: 10281768
Date of Disbursement
10 / 19 / 2004

Amount of Each Disbursement this Period
4000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
B. Don Payne For Congress

Mailing Address P.O. Box 2406
P.O. Box 2406

City Newark State NJ Zip Code 07114

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Donald M. Payne

Office Sought: House Senate President
State: NJ District: 10

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

Transaction ID: 10281768
Date of Disbursement
10 / 19 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

Full Name (Last, First, Middle Initial)
C. John Shadeggs Friends

Mailing Address PO Box 45444

City Phoenix State AZ Zip Code 85084

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. John B. Shadegg

Office Sought: House Senate President
State: AZ District: 3

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

Transaction ID: 10281770
Date of Disbursement
10 / 19 / 2004

Amount of Each Disbursement this Period
2500.00

011
Category/
Type
2004 General Election

SUBTOTAL of Disbursements This Page (optional) ► **7500.00**

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 Mike Ferguson

Mailing Address C/O Ron Gravino P.O. Box 225

City Colonia State NJ Zip Code 07087

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Mike Ferguson

Office Sought: House
Senate
President

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

State: NJ District: 7

Transaction ID: 10281767
Date of Disbursement
10 / 19 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

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

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement
2004 General Election

Candidate Name
Thomas Price

Office Sought: House
Senate
President

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

State: GA District: B

Transaction ID: 10281771
Date of Disbursement
10 / 19 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type
2004 General Election

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

Mailing Address B50 7th Avenue, #701

City New York State NY Zip Code 10019

Purpose of Disbursement
2004 General Election

Candidate Name
Mr. Charles B. Rangel

Office Sought: House
Senate
President

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

State: NY District: 15

Transaction ID: 10294552
Date of Disbursement
10 / 21 / 2004

Amount of Each Disbursement this Period
5000.00

011
Category/
Type
2004 General Election

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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

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

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

Mailing Address 1827 South Broad Street

City Philadelphia State PA Zip Code 19148

Purpose of Disbursement
2004 General Election

Candidate Name
Rep. Robert A. Brady

Office Sought: House Senate President
State: PA District 1

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

011
Category/
Type

Transaction ID: 10295295
Date of Disbursement
10 / 22 / 2004

Amount of Each Disbursement this Period
1000.00

2004 General Election

Full Name (Last, First, Middle Initial)
B. Geoff Davis For Congress

Mailing Address 3161 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
2004 General Election

Candidate Name
Geoffrey Davis

Office Sought: House Senate President
State: KY District 4

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

011
Category/
Type

Transaction ID: 10351262
Date of Disbursement
11 / 01 / 2004

Amount of Each Disbursement this Period
1800.00

2004 General Election

Full Name (Last, First, Middle Initial)
C. Allyson Schwartz For Congress

Mailing Address P.O. Box 45706

City Philadelphia State PA Zip Code 19149

Purpose of Disbursement

Candidate Name
Allyson Schwartz

Office Sought: House Senate President
State: PA District 13

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

011
Category/
Type

Transaction ID: 10440386
Date of Disbursement
11 / 01 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3800.00**

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. Russ Camahan For Congress Committee

Mailing Address 7370 Manchester Rd Ste 20

City St. Louis State MO Zip Code 63143

Purpose of Disbursement

Candidate Name John Camahan

Office Sought: House Senate President
State: MO District 3

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

Transaction ID: 10440381
Date of Disbursement
11 / 01 / 2004

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Committee To Elect Artur Davis To Congress

Mailing Address P.O. Box 1845

City Birmingham State AL Zip Code 35201

Purpose of Disbursement
2006 Primary Election

Candidate Name Rep. Artur Davis

Office Sought: House Senate President
State: AL District 7

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

Transaction ID: 10383912
Date of Disbursement
11 / 10 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

2006 Primary Election

Full Name (Last, First, Middle Initial)
C. SNOWE FOR SENATE

Mailing Address P.O. BOX 2000

City Portland State ME Zip Code 04104

Purpose of Disbursement
2006 Primary Election

Candidate Name Olympia J. Snowe

Office Sought: House Senate President
State: ME District 1

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

Transaction ID: 10375830
Date of Disbursement
11 / 16 / 2004

Amount of Each Disbursement this Period
1500.00

011
Category/
Type

2006 Primary 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

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 Max Baucus

Mailing Address Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement
2008 Primary Election

Candidate Name
Senator Max Baucus

Office Sought: House Disbursement For: 2008
 Senate Primary General
 President
 Other (specify) ▼
 State: MT District 1 2008 Primary Electio

011
Category/
Type

Transaction ID: 10375832

Date of Disbursement

11 / 16 / 2004

Amount of Each Disbursement this Period

1500.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

B. Kennedy for Senate

Mailing Address 301 4th St., NE - Suite 202

City Washington, State DC Zip Code 20002

Purpose of Disbursement
2008 Primary Election

Candidate Name
Edward M. Kennedy

Office Sought: House Disbursement For: 2008
 Senate Primary General
 President
 Other (specify) ▼
 State: MA District 1 2008 Primary Electio

011
Category/
Type

Transaction ID: 10375837

Date of Disbursement

11 / 16 / 2004

Amount of Each Disbursement this Period

500.00

2008 Primary Election

Full Name (Last, First, Middle Initial)

C. Kennedy for Senate

Mailing Address 301 4th St., NE - Suite 202

City Washington, State DC Zip Code 20002

Purpose of Disbursement
2008 General Election

Candidate Name
Edward M. Kennedy

Office Sought: House Disbursement For: 2008
 Senate Primary X General
 President
 Other (specify) ▼
 State: MA District 1

011
Category/
Type

Transaction ID: 10375840

Date of Disbursement

11 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

2008 General Election

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

21b 22 23 24 25 26
 27 28a 28b 28c 29 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. Kyl for Senate

Mailing Address POST OFFICE BOX 10240

City State Zip Code
Phoenix AZ 85004

Purpose of Disbursement
2006 Primary Election

Candidate Name
Jon Kyl

Office Sought: House Disbursement For: 2006
 Senate Primary General
President
State: AZ District: 2 Other (specify) ▼
2006 Primary Electio

011
Category/
Type

Transaction ID: 10375826

Date of Disbursement

11 / 16 / 2004

Amount of Each Disbursement this Period

1500.00

2006 Primary Election

Full Name (Last, First, Middle Initial)

B. Christopher Shays For Congress Committee

Mailing Address 88 East Avenue Rear Building
98 East Avenue Rear Building

City State Zip Code
Norwalk CT 06851

Purpose of Disbursement
2004 Primary Election Funds Reported On

Candidate Name
Rep. Christopher Shays

Office Sought: House Disbursement For: 2004
Senate Primary General
President
State: CT District: 4 Other (specify) ▼
2004 Primary Electio

011
Category/
Type

Transaction ID: 10376107

Date of Disbursement

05 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

2004 Primary Election Fun-
ds Reported On June 20 Mo-
nthly

Full Name (Last, First, Middle Initial)

C. Christopher Shays For Congress Committee

Mailing Address 88 East Avenue Rear Building
98 East Avenue Rear Building

City State Zip Code
Norwalk CT 06851

Purpose of Disbursement
2004 General Election Re-designated fund

Candidate Name
Rep. Christopher Shays

Office Sought: House Disbursement For: 2004
Senate Primary General
President
State: CT District: 4 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 10376108

Date of Disbursement

11 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

2004 General Election Re-
designated funds for tran-
s. dated 5/17/2004

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

27800.00