

**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)

X 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)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

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

02

01

2004

through

02

29

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

03

12

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: ^M02 [:]01 ^Y2004 To: ^M02 [:]29 ^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	438577.31	
(c) Total Receipts (from Line 19)	25643.19	74649.15
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	464220.50	471344.90
<hr/>		
7. Total Disbursements (from Line 31)	35500.00	42624.40
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	428720.50	428720.50
<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**

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Write or Type Committee Name

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

Report Covering the Period: From: ^M02 ⁻01 ⁻2004 To: ^M02 ⁻28 ⁻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)	10950.00	
(ii) Unitemized	7673.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	18623.00	66634.00
(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)	18623.00	66634.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	7020.19	8015.15
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))	25643.19	74649.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25643.19	74649.15

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	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.....	35500.00	42500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. 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))..	35500.00	42624.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	35500.00	42624.40

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)	18623.00	66634.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18623.00	66634.00
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. Sheldon Wilens		Date of Receipt M / D / Y 02 / 02 / 2004
Mailing Address 2150 S. Ocean Blvd. #3A		Transaction ID: 9125279
City Delray Beach	State FL	Zip Code 33483
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) B. Dr. Anthony R. Sergi		Date of Receipt M / D / Y 02 / 04 / 2004
Mailing Address 9 Crowfield Ln.		Transaction ID: 9177420
City Holmdel	State NJ	Zip Code 07733
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. Tara L. F. Blasinger		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 2330 Colony		Transaction ID: 9177423
City Huntsville	State AL	Zip Code 35802-1342
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**

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. James E. Webb, Jr.		Date of Receipt M / D / Y 02 / 05 / 2004
Mailing Address 1631 S.E. Washington Blvd.		Transaction ID: 9177422
City Bartlesville	State OK	Zip Code 74006-4833
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bluestream Podiatry	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James M. Flynn		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 10218 Mantle Ct.		Transaction ID: 9177468
City Oklahoma City	State OK	Zip Code 73162-4437
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. G. Michael Johnson, Jr.		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address P.O. Box 8407		Transaction ID: 9177470
City Mobile	State AL	Zip Code 36689-0407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Medical Center Podiatry 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**

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FOR LINE NUMBER: PAGE 8 / 28

(check only one)

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13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Dr. Harvey S. Karpa		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2004	
Mailing Address 1420 Woodlane Dr.		Transaction ID: 9177505	
City Westville	State NJ	Zip Code 08083-1727	Amount of Each Receipt this Period 500.00
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 ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Dr. Dannis Weber		Date of Receipt M / D / Y Y Y Y 02 / 08 / 2004	
Mailing Address 4701 Randolph Rd. #115		Transaction ID: 9177502	
City Rockville	State MD	Zip Code 20852-2290	Amount of Each Receipt this Period 250.00
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 ▼ 250.00		
Full Name (Last, First, Middle Initial) C. Dr. Joseph M. Gaporusso		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004	
Mailing Address 217 E. Yellowhammer		Transaction ID: 9177814	
City McAllen	State TX	Zip Code 78504-1622	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Complete Family Foot Care	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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FOR LINE NUMBER: PAGE 9 / 28
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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. Steven B. Smith		Date of Receipt M / D / Y 02 / 10 / 2004
Mailing Address 8820 S. 92nd E. Ct.		Transaction ID: 9177824
City Tulsa	State OK	Zip Code 74133
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) B. Dr. Bruce G. Fawcett		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 1302 Mayfair		Transaction ID: 9187395
City Raleigh	State NC	Zip Code 27608-1940
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. Ralph S. Sprinda		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 278 Old Augusta Dr. P.O. Box 2518		Transaction ID: B2438D4
City Pawleys Island	State SC	Zip Code 29585-7310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Georgetown Podiatry Group P.C.	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)
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FOR LINE NUMBER: PAGE 10 / 28
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NAME OF COMMITTEE (In Full)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Kent L. Magrini		Date of Receipt M / D / Y 02 / 11 / 2004
Mailing Address 8917 S. 30th		Transaction ID: 9243601
City Fort Smith	State AR	Zip Code 72808-8867
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Foot Health Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Frank A. Spinosa		Date of Receipt M / D / Y 02 / 17 / 2004
Mailing Address P.O. Box 72		Transaction ID: 9262110
City Shelter Island	State NY	Zip Code 11964-0072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Shelter Island Podiatry Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Brian W. Cornel		Date of Receipt M / D / Y 02 / 17 / 2004
Mailing Address 3 Algonquin Dr.		Transaction ID: 9243631
City Middletown	State RI	Zip Code 02842-4573
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)	1500.00
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 / 28
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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. David James Maiani		Date of Receipt M / D / Y Y Y Y 02 / 17 / 2004
Mailing Address 3988 E. Ohio Match Rd.		Transaction ID: 9243625
City Hayden	State ID	Zip Code 83835-7824
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 Haughey		Date of Receipt M / D / Y Y Y Y 02 / 17 / 2004
Mailing Address 837 E. Matthews		Transaction ID: 9243624
City Jonesboro	State AR	Zip Code 72401-3145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Podiatry Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Geoffrey C. Bricker		Date of Receipt M / D / Y Y Y Y 02 / 18 / 2004
Mailing Address 2122 E. Lon St.		Transaction ID: 9282185
City Springfield	State MO	Zip Code 65803-4809
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)
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FOR LINE NUMBER: PAGE 12 / 28
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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. Harold B. Glickman		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 11321 Berger Ter.		Transaction ID: 9247063
City Potomac	State MD	Zip Code 20854-2017
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) B. Dr. Steven R. Kowitz		Date of Receipt M / D / Y 02 / 18 / 2004
Mailing Address 81 Taylors Way		Transaction ID: 9262168
City Holland	State PA	Zip Code 18866-2686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Professional Wound Care Assoc	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph C. D'Amico		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 333 W. 57th St.		Transaction ID: 9262170
City New York	State NY	Zip Code 10019-3159
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)
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FOR LINE NUMBER: PAGE 13 / 28
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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. David M. Schofield		Date of Receipt M / D / Y Y Y Y 02 / 20 / 2004
Mailing Address 1734 Pinnacle Rd.		Transaction ID: 9254951
City Elmira	State NY	Zip Code 14905-1240
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) B. Dr. Edward Patrick Smith, Jr.		Date of Receipt M / D / Y Y Y Y 02 / 23 / 2004
Mailing Address 148 Park St.		Transaction ID: 9295854
City Springfield	State VT	Zip Code 05156-3034
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. Michael J. King		Date of Receipt M / D / Y Y Y Y 02 / 23 / 2004
Mailing Address 178 Sweet Farm Rd.		Transaction ID: 9258552
City Portsmouth	State RI	Zip Code 02871-1291
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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FOR LINE NUMBER: PAGE 14 / 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. Thomas S. Godfryd		Date of Receipt M / D / Y Y Y Y 02 / 24 / 2004
Mailing Address 498B Heather Point		Transaction ID: 9262804
City	State	Zip Code
Birmingham	AL	35242-3850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Birmingham Podiatry P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William M. Finerty, Sr.		Date of Receipt M / D / Y Y Y Y 02 / 25 / 2004
Mailing Address 715 N. Gilmore St.		Transaction ID: 9295880
City	State	Zip Code
Kenton	OH	43326-1423
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. Ronald J. Solitto		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2004
Mailing Address 2405 Prospect Ave.		Transaction ID: 9295917
City	State	Zip Code
Spring Lake	NJ	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) ▼		

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: PAGE 15 / 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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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. D. Hugh Fraser		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2004
Mailing Address 29 Nielson Rd		Transaction ID: 9295925
City	State	Zip Code
Cody	WY	82414-9101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Big Horn Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Nicholas I. Sol		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2004
Mailing Address 1625 Medical Center Point #215		Transaction ID: 9295921
City	State	Zip Code
Colorado Springs	CO	80907-5738
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Walking Clinic P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael W. Heaslet		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2004
Mailing Address 4950 Barranca Pkwy. #308		Transaction ID: 9295923
City	State	Zip Code
Invine	CA	92604-4631
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)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

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

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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. Matthew Wayne Cerniglia		Date of Receipt M / D / Y 02 / 28 / 2004
Mailing Address 833D Westgate Dr.		Transaction ID: 9295949
City Beaumont	State TX	Zip Code 77706-4056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Beaumont Foot Specialists	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Eric M. Kosofsky		Date of Receipt M / D / Y 02 / 28 / 2004
Mailing Address 597 Farmington Ave.		Transaction ID: 9295944
City Hartford	State CT	Zip Code 06106-3057
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. David B. Arkin		Date of Receipt M / D / Y 02 / 28 / 2004
Mailing Address 286B Downing St		Transaction ID: 9295945
City Big Flats	State NY	Zip Code 14814-9807
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 17 / 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. Ronald G. Cervetti Mailing Address 4025 University Ave. City State Zip Code Waterloo IA 50701-5639	Date of Receipt M M / U U / Y Y Y Y 02 / 20 / 2004 Transaction ID: 9295947 Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	
Name of Employer Cedar Valley Podiatry Receipt For: Primary General Other (specify) ▼	Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	10950.00

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

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

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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)		Date of Receipt	
A. Investment Account, Gains/Loss		M M / U U / Y Y Y Y	
Mailing Address 100 Light St., 19th Floor		02 20 2004	
P.O. Box 1476		Transaction ID: 9355085	
City	State	Zip Code	Amount of Each Receipt this Period
Baltimore	MD	21202-1036	7020.19
FEC ID number of contributing federal political committee.		C	
Name of Employer	Occupation		
Legg Mason Wood Walker In-	Investment Firm		
c.	Aggregate Year-to-Date ▼		
Receipt For:		7020.19	gain on investments
Primary	General		
Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	7020.19
TOTAL This Period (last page this line number only)	▶	7020.19

**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. A Lot Of People Supporting Tom Daschle Inc

Mailing Address P O Box 1656

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name
Sen. Tom Daschle

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

State: SD District 1

Transaction ID: 9133065
Date of Disbursement
02 / 02 / 2004

Amount of Each Disbursement this Period
5000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Friends Of Rosa DeLauro

Mailing Address 49 Huntington Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name
Rep. Rosa L. DeLauro

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

State: CT District 3

Transaction ID: 9133058
Date of Disbursement
02 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny H. Hoyer

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

State: MD District 5

Transaction ID: 9133063
Date of Disbursement
02 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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. Friends Of Sherrad Brown

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. Sherrad Brown

Office Sought: House Senate President
State: OH District 13

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

Transaction ID: 9133058
Date of Disbursement
02 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Friends Of Joe Pitts

Mailing Address PO Box 216

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name
Rep. Joseph R. Pitts

Office Sought: House Senate President
State: PA District 16

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

Transaction ID: 9133062
Date of Disbursement
02 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Walden For Congress Inc

Mailing Address PO Box 10B1

City Hood River State OR Zip Code 97031

Purpose of Disbursement

Candidate Name
Rep. Greg Walden

Office Sought: House Senate President
State: OR District 2

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

Transaction ID: 9133060
Date of Disbursement
02 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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 21 / 28

<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. Carole Green For Congress

Mailing Address 9131 College Parkway 13-B #217

City Fort Myers State FL Zip Code 33919

Purpose of Disbursement

Candidate Name
Carole Green

Office Sought: House
Senate
President
State: FL District 14

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

011
Category/
Type

Transaction ID: 9355374
Date of Disbursement

02 / 02 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address Po Box 59444

City Birmingham State AL Zip Code 35250

Purpose of Disbursement

Candidate Name
Spencer Bachus

Office Sought: House
Senate
President
State: AL District 6

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

011
Category/
Type

Transaction ID: 9133085
Date of Disbursement

02 / 03 / 2004

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 1888

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name
Rep. Nancy L. Johnson

Office Sought: House
Senate
President
State: CT District 5

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

011
Category/
Type

Transaction ID: 9188838
Date of Disbursement

02 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

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 22 / 28

<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. Christopher Cox Congressional Committee

Mailing Address P.O. Box 8088 Pmb-C

City Newport Beach State CA Zip Code 92680

Purpose of Disbursement

Candidate Name
Rep. Christopher Cox

Office Sought: House Senate President
State: CA District: 48

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

Transaction ID: 9188636
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1500.00

011
Category/
Type

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

Mailing Address PO Box 499
PO Box 499

City Evans State GA Zip Code 30800

Purpose of Disbursement

Candidate Name
Rep. Charles W. Norwood

Office Sought: House Senate President
State: GA District: 9

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

Transaction ID: 9188638
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Missourians For Kit Bond

Mailing Address 147 N Meramec Suite 10D

City Clayton State MO Zip Code 63105

Purpose of Disbursement

Candidate Name
Sen. Christopher S. Bond

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

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

Transaction ID: 9188642
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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 23 / 28

<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. Langevin For Congress

Mailing Address 181-A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement

Candidate Name
Rep. James R. Langevin

Office Sought: House Senate President
State: RI District 2

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

Transaction ID: 9188637
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name
Sen. Charles E. Grassley

Office Sought: House Senate President
State: IA District 1

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

Transaction ID: 9188641
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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

Mailing Address 482 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement

Candidate Name
Rep. Eliot L. Engel

Office Sought: House Senate President
State: NY District 17

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

Transaction ID: 9188634
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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 24 / 28

<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. Don Sherwood For Congress

Mailing Address 41 Sherwood Lane

City Tunkhannock State PA Zip Code 18657

Purpose of Disbursement

Candidate Name
Donald L. Sherwood

Office Sought: House Senate President
State: PA District 10

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

Transaction ID: 9188632
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

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

Mailing Address PO Box 671

City Rogers State AR Zip Code 72757

Purpose of Disbursement

Candidate Name
Rep. John N. Boozman

Office Sought: House Senate President
State: AR District 3

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

Transaction ID: 9188643
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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

Mailing Address 16 Common Street
11 Bangor Mall Blvd. Suite D

City Waterville State ME Zip Code 04901

Purpose of Disbursement

Candidate Name
Rep. Michael H. Michaud

Office Sought: House Senate President
State: ME District 2

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

Transaction ID: 9188633
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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)

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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. A Whole Lot Of People For Grijalva Congressnl Cmte

Mailing Address P.O. Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement

Candidate Name
Rep. Raul Grijalva

Office Sought: House Senate President
State: AZ District 7

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

Transaction ID: 9186640
Date of Disbursement
02 / 11 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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

Mailing Address P.O.Box 4657
P O Box 4657

City Casper State WY Zip Code 82604

Purpose of Disbursement

Candidate Name
Rep. Barbara Cubin

Office Sought: House Senate President
State: WY District 1

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

Transaction ID: 9262326
Date of Disbursement
02 / 23 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Friends of Lois Capps

Mailing Address PO Box 23840

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name
Lois Capps

Office Sought: House Senate President
State: CA District 22

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

Transaction ID: 9262322
Date of Disbursement
02 / 23 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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 / 28

<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. Citizens For Arlen Specter

Mailing Address 426 C Street Ne
Carriage House

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Sen. Arlen Specter

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: PA District 1 Other (specify) ▼
 2004 General

011
Category/
Type

Transaction ID: 9262330
Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Friends Of Blanche Lincoln

Mailing Address PO Box 3107

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

Candidate Name
Sen. Blanche L. Lincoln

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: AR District 1 Other (specify) ▼
 2004 Primary Electio

011
Category/
Type

Transaction ID: 9262333
Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Dutch Ruppensberger For Congress

Mailing Address 22 West Padonia Road Suite A307

City Timonium State MD Zip Code 21093

Purpose of Disbursement

Candidate Name
Rep. C.A. Dutch Ruppensberger

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: MD District 2 Other (specify) ▼
 2004 Primary Electio

011
Category/
Type

Transaction ID: 9262325
Date of Disbursement

02 / 23 / 2004

Amount of Each Disbursement this Period

1000.00

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 27 / 28

<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. Committee To Reelect Congressman Chris Smith

Mailing Address P.O. Box 3184
P.O. Box 3184

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement

Candidate Name
Rep. Christopher H. Smith

Office Sought: House Senate President
State: NJ District 4

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

Transaction ID: 9262317
Date of Disbursement
02 / 23 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

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

Mailing Address P.O. Box 1453

City Orlando State FL Zip Code 32802

Purpose of Disbursement

Candidate Name
Rep. Richard A. Keller

Office Sought: House Senate President
State: FL District B

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

Transaction ID: 9262326
Date of Disbursement
02 / 23 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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

Mailing Address PO Box 33027

City Seattle State WA Zip Code 98133

Purpose of Disbursement

Candidate Name
Rep. Jay Inslee

Office Sought: House Senate President
State: WA District 1

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

Transaction ID: 9264804
Date of Disbursement
02 / 25 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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 28 / 28

<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. Mikulski For Senate Committee

Mailing Address P O B 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

Candidate Name
Sen. Barbara A. Mikulski

Office Sought: House
 Senate
President

State: MD District 2

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

011
Category/
Type

Transaction ID: 92679B4

Date of Disbursement

02 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

35500.00