

**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:

X 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

in the State of

5. Covering Period

01

01

2004

through

01

31

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

02

18

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: ^M 0 1 ^{: :} 0 1 ^Y / ^Y / ^Y 2 0 0 4 To: ^M 0 1 ^{: :} 3 1 ^Y / ^Y / ^Y 2 0 0 4

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2 0 0 4 ^Y ^Y		396695.75
(b) Cash on Hand at Beginning of Reporting Period	396695.75	
(c) Total Receipts (from Line 19)	49005.96	49005.96
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	445701.71	445701.71
<hr/>		
7. Total Disbursements (from Line 31)	7124.40	7124.40
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	438577.31	438577.31
<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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Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M01 ^D01 ^Y2004 To: ^M01 ^D31 ^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)	25501.00	
(ii) Unitemized	22510.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	48011.00	48011.00
(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)	48011.00	48011.00
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.)	994.96	994.96
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))	49005.96	49005.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49005.96	49005.96

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.....	124.40	124.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	124.40	124.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
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))..	7124.40	7124.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	7124.40	7124.40

DETAILED SUMMARY PAGE
of Disbursements

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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)	48011.00	48011.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48011.00	48011.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	124.40	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)	124.40	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 / 35

(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. Glenn B. Gerzwith		Date of Receipt M / D / Y 01 / 01 / 2004
Mailing Address 12401 Willow Green Ct.		Transaction ID: 9046971
City Potomac	State MD	Zip Code 20854-3044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Podiatric Medical Association	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Jonathan J. Lubitz		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 2805 Charleston Oaks Ct.		Transaction ID: 9046987
City Mobile	State AL	Zip Code 36685-2522
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. James Q. McClelland		Date of Receipt M / D / Y 01 / 02 / 2004
Mailing Address 2002 12th Ave N.W. #F		Transaction ID: 9046974
City Ardmore	State OK	Zip Code 73401-1208
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 35

(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. George V. Tsoutsouris		Date of Receipt M / D / Y 01 / 02 / 2004	
Mailing Address 8441 Castle Dr.		Transaction ID: 9078689	
City Munster	State IN	Zip Code 46321-1833	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Eric B. Filinger		Date of Receipt M / D / Y 01 / 05 / 2004	
Mailing Address 10005 C.R. 813		Transaction ID: 8081862	
City Cullman	State AL	Zip Code 35057	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cullman Orthopedic Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Edward A. O'Brian		Date of Receipt M / D / Y 01 / 05 / 2004	
Mailing Address 580B1 Cypress Lake Cr.		Transaction ID: 8081902	
City Bethany Beach	State DE	Zip Code 19530-4143	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Podiatry Group P.A.	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 8 / 35
(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. Dennis W. Leveille		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 800 5th Ave. S.		Transaction ID: 9081898
City Escanaba	State MI	Zip Code 49829-3607
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. Thomas F. Val		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 201 Mohican Rd.		Transaction ID: 9081893
City Findlay	State OH	Zip Code 45840-6322
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. Gene J. Pusateri		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 33 Redfern Dr.		Transaction ID: 9081897
City Youngstown	State OH	Zip Code 44505-1651
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 35
(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 D. Redmond		Date of Receipt M / D / Y 01 / 05 / 2004
Mailing Address 01480 County Rd. #853		Transaction ID: 9081895
City Gables	State MI	Zip Code 49055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kalamazoo Podiatry P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Richard Chrostiak		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address 815 E. Broad St.		Transaction ID: 9081835
City Tamaqua	State PA	Zip Code 18252-2206
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. Dario G. Vender Wilt		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address 7 Applewood Ln.		Transaction ID: 9081834
City Albuquerque	State NM	Zip Code 87107-6403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Family Foot Health Special- ists	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**

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FOR LINE NUMBER: PAGE 10 / 35
(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. Bruce A. Scudday		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address Murchison Medical Bldg. 1810 Murchison #206		Transaction ID: 9078692
City El Paso	State TX	Zip Code 79902
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. Curtis W. Long		Date of Receipt M / D / Y 01 / 06 / 2004
Mailing Address 1047 Brevor Pl.		Transaction ID: 8081832
City Walla Walla	State WA	Zip Code 99362-9381
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. R. Craig Martin		Date of Receipt M / D / Y 01 / 07 / 2004
Mailing Address 6250 Clearview Rd.		Transaction ID: 8081828
City Dover	State PA	Zip Code 17315-5208
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 11 / 35
(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. Sanjeev K. Singh		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 204 Sussex Ave		Transaction ID: 9081701
City	State	Zip Code
Troy	AL	36081-4070
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 251.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 251.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dennis Ryan Vaughn		Date of Receipt M / D / Y 01 / 09 / 2004
Mailing Address 2716 Prescotts Dr.		Transaction ID: 9081702
City	State	Zip Code
Waterloo	IA	50701-9212
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Illinois Footcare	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Leonette A. May		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 1781 W. Romneya Dr. E.		Transaction ID: 9098142
City	State	Zip Code
Anaheim	CA	92801-1818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Anaton Podiatric Surgery Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	751.00
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 12 / 35

(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. Harvey D. Lederman, DPM		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 12 Biltmore Park		Transaction ID: 9098137
City Bloomfield	State CT	Zip Code 06002-2141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00
Name of Employer W. Hartford Podiatry Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. B. Richard Burke		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 1761 W. Romneya Dr. #E.		Transaction ID: 9098143
City Anaheim	State CA	Zip Code 92801-1816
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. Henry Brian Burke		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 129 Pinehurst Dr.		Transaction ID: 9098136
City Freedom	State PA	Zip Code 15042-2523
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**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(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. Marc Lederman		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 14 Cedar Ridge Dr.		Transaction ID: 9098138
City Farmington	State CT	Zip Code 06032-1804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer W. Hartford Podiatry Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mark A. Lutz		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 8415 Grayridge Blvd.		Transaction ID: 9098153
City Indianapolis	State IN	Zip Code 46237-3145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Greenwood Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John A. Marino		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 2305 Victory Blvd.		Transaction ID: 9098124
City Staten Island	State NY	Zip Code 10314-6623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Victory Podiatry	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**

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

FOR LINE NUMBER: PAGE 14 / 35
(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. John E. Morehead		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 8888 S. 78th E. Ave.		Transaction ID: 9098144
City Tulsa	State OK	Zip Code 74133-1835
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. Karen C. Yamaguchi		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 1010 King Ln.		Transaction ID: 9098135
City Laredo	State TX	Zip Code 78045-8111
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. John S. Holna		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address P.O. Box 442		Transaction ID: 9080962
City Great River	State NY	Zip Code 11739-0442
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 15 / 35
(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. Michael B. Stegman		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 7486 E. Woodsage Ln.		Transaction ID: 9080835
City Scottsdale	State AZ	Zip Code 85258-2019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Foot & Ankle Specialists	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Matthew G. Garoufalis		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 1933 Hansom Ct.		Transaction ID: 9080838
City Naperville	State IL	Zip Code 60565-2629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Professional Foot Care Specialists	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard J. Miller		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 240B Houston Branch Rd.		Transaction ID: 9098083
City Charlotte	State NC	Zip Code 28270-0777
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Carnel Foot Specialists P.A.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
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**

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

FOR LINE NUMBER: PAGE 16 / 35
(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. Brian James Helton		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 416 Lake Vista E.		Transaction ID: 9080693
City Highland Village	State TX	Zip Code 75077-6812
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. Subash K. Choudhary		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 310 Raven Rd.		Transaction ID: 9080674
City Greenville	State SC	Zip Code 29615-4248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Piedmont Podiatry	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mark Reiner		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 637 E. Matthews		Transaction ID: 9080671
City Jonesboro	State AR	Zip Code 72401-5145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer The Podiatry Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1300.00
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 / 35
(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. David Y. S. Yee		Date of Receipt M / D / Y 01 / 13 / 2004
Mailing Address 98-1425 D Kaahumanu St.		Transaction ID: 9080831
City	State	Zip Code
Aiea	HI	96701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HI Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Angela P. Dominique		Date of Receipt M / D / Y 01 / 15 / 2004
Mailing Address 8575 Mill Creek Cir.		Transaction ID: 8098164
City	State	Zip Code
Birmingham	AL	35242-7322
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Futondale Foot Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. David B. Tucker		Date of Receipt M / D / Y 01 / 16 / 2004
Mailing Address 1331 Tellowee Rd.		Transaction ID: B100833
City	State	Zip Code
Eden	NC	27288-9505
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)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 35
(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. Godfyd		Date of Receipt M / D / Y Y Y Y 01 / 16 / 2004
Mailing Address 498B Heather Point		Transaction ID: 9090345
City	State	Zip Code
Birmingham	AL	35242-3850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Birmingham Podiatry P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Maureen L. Crosby		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 3847 S. Troost		Transaction ID: 9116455
City	State	Zip Code
Tulsa	OK	74105-3326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Green Country Podiatry Center P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Marc S. Brunel		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 1145 Ryder Rd.		Transaction ID: 9097061
City	State	Zip Code
Chesterton	IN	46304-3453
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)	1300.00
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 10 / 35
(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. Richard S. Eisner		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 10 Colonial Rd. #3		Transaction ID: 9116481
City Salem	State MA	Zip Code 01870-2847
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. Ira Kraus		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 20 Dogwood Trl.		Transaction ID: 9116487
City Ringgold	State GA	Zip Code 30736-2725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Advanced Foot Care	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael J. Weasels		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004
Mailing Address 2245 River View Dr.		Transaction ID: 9116479
City Rock Falls	State IL	Zip Code 61071-1442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer KSB Medical Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
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**

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

FOR LINE NUMBER: PAGE 20 / 35

(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. Richard T. Dudzinski		Date of Receipt M / D / Y Y Y Y 01 / 20 / 2004	
Mailing Address 83 Sterling St.		Transaction ID: 9110465	
City State Zip Code Sugar Land TX 77479-2835	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) B. Dr. Robert E. Manna		Date of Receipt M / D / Y Y Y Y 01 / 21 / 2004	
Mailing Address 166 Greenwood Dr.		Transaction ID: 9101088	
City State Zip Code South Windsor CT 06074-2910	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. Gregory T. Amaranos		Date of Receipt M / D / Y Y Y Y 01 / 21 / 2004	
Mailing Address 1291 Lawrence		Transaction ID: 9101100	
City State Zip Code Lake Forest IL 60045-3639	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Amaranos Foot Center	Occupation Podiatrist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 35
(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. Michael Z. Fein		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 15 Lakeview Dr.		Transaction ID: 9101094
City Easton	State CT	Zip Code 06612-1700
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. Gary F. Stones		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 134 Hayes St.		Transaction ID: 9101154
City Garden City	State NY	Zip Code 11530-1001
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 V. Johnson		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 1073 Mapleton Ave.		Transaction ID: 9101082
City Suffield	State CT	Zip Code 06078-1332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Podiatry Care	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 35
(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. Marc R. Bembeck		Date of Receipt M / D / Y Y Y Y 01 / 21 / 2004
Mailing Address 126 Burr Hall Rd.		Transaction ID: 9101096
City Middlebury	State CT	Zip Code 06762-1403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Waterbury Podiatry Consultants	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Howard W. Hainstein		Date of Receipt M / D / Y Y Y Y 01 / 21 / 2004
Mailing Address 21 Dell Cir.		Transaction ID: 9101093
City Trumbull	State CT	Zip Code 06611-2308
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 J. Orterzo		Date of Receipt M / D / Y Y Y Y 01 / 21 / 2004
Mailing Address 2315 Freysville Rd.		Transaction ID: 9101087
City Red Lion	State PA	Zip Code 17358-8283
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 23 / 35
(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. Walter D. Clark		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 13 Innisbrook Ln.		Transaction ID: 9101149
City Shoal Creek	State AL	Zip Code 35242-5822
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 ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Charles G. Kissel		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 49522 Keycove Dr.		Transaction ID: 9101145
City Chesterfield	State MI	Zip Code 48047-2329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Medical Center Footcare Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey S. Kahn		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 63 Murphy Drive		Transaction ID: 9101080
City Rocky Hill	State CT	Zip Code 06067-1885
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CT Foot Care Centers L.L.C.	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 24 / 35

(check only one)

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

Full Name (Last, First, Middle Initial) A. Dr. Brian Deschamps		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 351 Merline Rd. #101		Transaction ID: 9101095
City Vernon Rockville	State CT	Zip Code 06066-4040
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. Joseph Ryan Treadwell		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 15 Lantern Ct.		Transaction ID: 9101086
City Farmington	State CT	Zip Code 06032-3333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Associated Podiatrists of CT P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey Dean Martone		Date of Receipt M / D / Y 01 / 21 / 2004
Mailing Address 11 Central Ave.		Transaction ID: 9101087
City East Hartford	State CT	Zip Code 06108-5102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Family Foot Care Center	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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 35
(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 M. Grunfeld		Date of Receipt M / D / Y Y Y Y 01 / 22 / 2004
Mailing Address 390B Knollwood Dr.		Transaction ID: 9104808
City Birmingham	State AL	Zip Code 35243-5825
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 ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas V. Meillo		Date of Receipt M / D / Y Y Y Y 01 / 23 / 2004
Mailing Address 438 Berwick Cir.		Transaction ID: 9116440
City Aurora	State OH	Zip Code 44202-8560
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) C. Dr. Robert Douglas Sowell		Date of Receipt M / D / Y Y Y Y 01 / 23 / 2004
Mailing Address 18 N. Filly Ln.		Transaction ID: 9116438
City Edmond	State OK	Zip Code 73034-7612
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)	▶	1050.00
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 26 / 35

(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. Barney A. Greenberg		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004
Mailing Address 162B3 Cayuga Cir.		Transaction ID: 9133094
City State Zip Code Davie FL 33331-2155	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Podiatry Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. William J. Beaton		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004
Mailing Address 283 104th Ave. #106		Transaction ID: 9133095
City State Zip Code Treasure Island FL 33706-4828	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bradford W. Glass		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004
Mailing Address 4803 Island Dr.		Transaction ID: 9133087
City State Zip Code Midland TX 79707-1408	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 27 / 35

(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. Kathleen M. Stone		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004	
Mailing Address 18807 N. 42nd Ave.		Transaction ID: 9113459	
City Glendale	State AZ	Zip Code 85308-7527	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. Joseph H. Strickland		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004	
Mailing Address 2990 Longbrooke Way		Transaction ID: 9133097	
City Clearwater	State FL	Zip Code 33760-1719	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. Stuart A. Courtney		Date of Receipt M / D / Y Y Y Y 01 / 27 / 2004	
Mailing Address 3590 N. 45th Ave.		Transaction ID: 9133098	
City Hollywood	State FL	Zip Code 33021-2450	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		

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 35
(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. Tracy L. Basco		Date of Receipt M / D / Y Y Y Y 01 / 28 / 2004
Mailing Address 3218 Shelter Lane Ave.		Transaction ID: 9133142
City	State	Zip Code
Davis	CA	95616-2628
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. Jeffrey DeSantis		Date of Receipt M / D / Y Y Y Y 01 / 28 / 2004
Mailing Address 2811 Circle Dr.		Transaction ID: 9116383
City	State	Zip Code
Newport Beach	CA	92663-5616
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. Lynn LeBlanc		Date of Receipt M / D / Y Y Y Y 01 / 28 / 2004
Mailing Address 12 Trevor Ln.		Transaction ID: 9133145
City	State	Zip Code
East Granby	CT	06028-9887
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ronald D. Jensen		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 2808 Pinot lane		Transaction ID: 9116653
City Modesto	State CA	Zip Code 95356-0616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Gould Medical Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael Kelley		Date of Receipt M / D / Y 01 / 28 / 2004
Mailing Address 2 Gibraltar		Transaction ID: 9116658
City Rockford	State MI	Zip Code 49341-7703
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) C. Dr. James G. Stickland		Date of Receipt M / D / Y 01 / 31 / 2004
Mailing Address 439 Bay View Dr. N.E.		Transaction ID: B133187
City Saint Petersburg	State FL	Zip Code 33704-2404
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**

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

FOR LINE NUMBER: PAGE 30 / 35

(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. John Louis Hoffman		Date of Receipt M / D / Y 01 / 31 / 2004
Mailing Address 11819 109th Ct.		Transaction ID: 9133226
City Seminole	State FL	Zip Code 33778-3656
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. Brent G. Moyles		Date of Receipt M / D / Y 01 / 31 / 2004
Mailing Address 851 Franklyn Ave.		Transaction ID: 9133186
City Indialantic	State FL	Zip Code 32903-4603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Melbourne Podiatry Associ- ates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Robert Fimmel		Date of Receipt M / D / Y 01 / 31 / 2004
Mailing Address 7442 Paurotis Ct		Transaction ID: 9133227
City Sarasota	State FL	Zip Code 34241-7118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Sarasota Footcare Center P.A.	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 31 / 35
(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. Linda L. Alexander		Date of Receipt M / D / Y 01 / 31 / 2004
Mailing Address 2376 Foxhaven Dr. W.		Transaction ID: 9133225
City Jacksonville	State FL	Zip Code 32224-2010
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. Stephen D. Lassley		Date of Receipt M / D / Y 01 / 31 / 2004
Mailing Address 1611 53rd Ave. W.		Transaction ID: 9133224
City Bradenton	State FL	Zip Code 34207-2868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer W. Coast Podiatry Center Inc.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen M. Merritt		Date of Receipt M / D / Y 01 / 31 / 2004
Mailing Address 2836 Forest Point Ct.		Transaction ID: 9133188
City Jacksonville	State FL	Zip Code 32257-5623
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)	25501.00

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

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

FOR LINE NUMBER: PAGE 32 / 35
(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 Mailing Address 100 Light St., 19th Floor P.O. Box 1476 City Baltimore State MD Zip Code 21202-1036 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2004 Transaction ID: 9178760 Amount of Each Receipt this Period 994.96
Name of Employer Legg Mason Wood Walker, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼ 994.96 interest income

SUBTOTAL of Receipts This Page (optional)	▶	994.96
TOTAL This Period (last page this line number only)	▶	994.96

**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. Rogers For Congress

Mailing Address Post Office Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name
Rep. Michael J. Rogers

Office Sought: House
Senate
President
State: MI District B

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

011
Category/
Type

Transaction ID: 9115027

Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Nussle for Congress Committee

Mailing Address PO Box 324

City Manchester State IA Zip Code 52057

Purpose of Disbursement

Candidate Name
Jim Nussle

Office Sought: House
Senate
President
State: IA District 2

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

011
Category/
Type

Transaction ID: 9115028

Date of Disbursement

01 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name
Rep. Gene Green

Office Sought: House
Senate
President
State: TX District 29

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

011
Category/
Type

Transaction ID: 9115032

Date of Disbursement

01 / 28 / 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 34 / 35

<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. Simpson For Congress

Mailing Address 131 N. Oak

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement

Candidate Name Rep. Michael K. Simpson

Office Sought: House Senate President

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

State: ID District 2

Transaction ID: 9115026
Date of Disbursement
01 / 28 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Lot Of People For Dave Obey

Mailing Address 525 Washington St
PO Box 1322

City Wausau State WI Zip Code 54402

Purpose of Disbursement

Candidate Name Rep. David R. Obey

Office Sought: House Senate President

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

State: WI District 7

Transaction ID: 9115031
Date of Disbursement
01 / 28 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Upton For All Of Us

Mailing Address P.O. Box 480

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

Candidate Name Rep. Fred Upton

Office Sought: House Senate President

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

State: MI District 6

Transaction ID: 9115030
Date of Disbursement
01 / 28 / 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 35 / 35

<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. Lee Terry For Congress

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

Candidate Name
Rep. Lee Terry

Office Sought: House Senate President
State: NE District 2

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

Transaction ID: 9115033
Date of Disbursement
01 / 28 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	7000.00