

**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)

<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

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

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)