

**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)

X January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

12

01

2003

through

12

31

2003

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

01

28

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^{MM}12 ^{YY}01 ^{YYYY}2003 To: ^{MM}12 ^{YY}31 ^{YYYY}2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{YYYY} 2003		288398.70
(b) Cash on Hand at Beginning of Reporting Period	382529.18	
(c) Total Receipts (from Line 19)	29671.63	300756.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	412200.79	589155.53
<hr/>		
7. Total Disbursements (from Line 31)	15505.04	192459.78
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	396695.75	396695.75
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M12 ^Y01 2003 To: ^M12 ^Y01 2003

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)	4850.00	
(ii) Unitemized	8110.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	12960.00	249017.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12960.00	249017.78
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	16711.63	50739.05
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))	29671.63	300756.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29671.63	300756.83

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.....	279.18	1145.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	279.18	1145.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	191000.00
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.....	225.86	313.91
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))..	15505.04	192459.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	15505.04	192459.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	12960.00	249017.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12960.00	249017.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	279.18	1145.87
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	279.18	1145.87

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

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

FOR LINE NUMBER: PAGE 6 / 18

(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	

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. Troy Allen Vargas		Date of Receipt M / D / Y 12 / 01 / 2003
Mailing Address 5307 Highpointe Dr.		Transaction ID: 8948537
City Bloomington	State MN	Zip Code 55437-1861
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St. Croix Orthopedics	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James W. Farrell		Date of Receipt M / D / Y 12 / 01 / 2003
Mailing Address 47 Thunder Ridge Dr.		Transaction ID: 8945768
City Rush	State NY	Zip Code 14543-9422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Gates Podiatry Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael J. Marcus		Date of Receipt M / D / Y 12 / 01 / 2003
Mailing Address 924 Baypointe		Transaction ID: 8945318
City Newport Beach	State CA	Zip Code 92660-8510
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(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. Kevin Holton		Date of Receipt M / D / Y 12 / 03 / 2003
Mailing Address 2805 Jasmine Ct.		Transaction ID: 8948317
City Saint Cloud	State MN	Zip Code 56301-9467
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. Daron M. Bensus		Date of Receipt M / D / Y 12 / 05 / 2003
Mailing Address 117 Stratford Cir.		Transaction ID: 8978220
City Pelham	State AL	Zip Code 35124-2707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Burrell Podiatry Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 201.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael E. Eglow		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 40 Greenwood Dr.		Transaction ID: 8001287
City Millburn	State NJ	Zip Code 07041-1448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer The Foot Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18
(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. David C. Novick		Date of Receipt M / D / Y 12 / 09 / 2003
Mailing Address 403 Northwood Dr.		Transaction ID: 8978247
City Orange	State CT	Zip Code 06477-1051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Milford Podiatry Associates	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Bruce P. Theall		Date of Receipt M / D / Y 12 / 12 / 2003
Mailing Address 16 Grace Rd.		Transaction ID: 8001257
City Lake Hiawatha	State NJ	Zip Code 07034-1211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Richard J. LaVau		Date of Receipt M / D / Y 12 / 18 / 2003
Mailing Address 1815 E. Grove St.		Transaction ID: 8009082
City Arlington Heights	State IL	Zip Code 60004-6817
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(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. Angela Pinkston-Ayson		Date of Receipt M / D / Y 12 / 19 / 2003
Mailing Address 2401 W. Ash St.		Transaction ID: 9009426
City Rogers	State AR	Zip Code 72758-4810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bustleton Podiatry Associates, P.C.	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott Frederick Jorgensen		Date of Receipt M / D / Y 12 / 23 / 2003
Mailing Address 6917 Dawson Ln.		Transaction ID: 9009184
City Edina	State MN	Zip Code 55435-1601
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. Bryan B. Kagan		Date of Receipt M / D / Y 12 / 23 / 2003
Mailing Address 218 Rogers Dr.		Transaction ID: 9010787
City Scarsdale	State NY	Zip Code 10583-6712
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)	900.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18
(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. John H. Buchan		Date of Receipt M / D / Y Y Y Y 12 / 28 / 2003
Mailing Address 5032 Canterbury Dr.		Transaction ID: 9009454
City Powell	State OH	Zip Code 43065-8614
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. William Friedman		Date of Receipt M / D / Y Y Y Y 12 / 28 / 2003
Mailing Address 31 E. San Miguel		Transaction ID: 8043963
City Phoenix	State AZ	Zip Code 85012-1336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Steven M. Vines		Date of Receipt M / D / Y Y Y Y 12 / 28 / 2003
Mailing Address 359 S. San Clemente		Transaction ID: 8043961
City Ventura	State CA	Zip Code 93001-3661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Champlin Foot & Ankle Clinic	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18
(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. K. Michael Krajick		Date of Receipt M / D / Y 12 / 20 / 2003
Mailing Address 16 Pine Ave.		Transaction ID: 9043964
City	State	Zip Code
Cohoes	NY	12047-5036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Maria del Pilar Elisa Army		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address Virginia Mason Medical Center Mail Stop 6X-ORT		Transaction ID: 9040720
City	State	Zip Code
Seattle	WA	98111-0900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Marc S. Bruel		Date of Receipt M / D / Y 12 / 31 / 2003
Mailing Address 1145 Ryder Rd.		Transaction ID: 9043954
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)	600.00
TOTAL This Period (last page this line number only)	4850.00

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

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

FOR LINE NUMBER: PAGE 12 / 18

(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) A. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		M / D / Y 12 / 01 / 2003
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. C		Transaction ID: 9044109
Name of Employer Legg Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼	1126.03
	18664.32	interest income

Full Name (Last, First, Middle Initial) B. Investment Account, Interest/Dividends		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		M / D / Y 12 / 31 / 2003
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. C		Transaction ID: 9108870
Name of Employer Legg Mason Wood Walker, Inc.		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼	1573.24
	20237.58	interest income

Full Name (Last, First, Middle Initial) C. Investment Account, Gains/Loss		Date of Receipt
Mailing Address 100 Light St., 19th Floor P.O. Box 1476		M / D / Y 12 / 31 / 2003
City	State	Zip Code
Baltimore	MD	21202-1036
FEC ID number of contributing federal political committee. C		Transaction ID: B114802
Name of Employer Legg Mason Wood Walker In- c.		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼	14012.36
	30501.49	gain on investments

SUBTOTAL of Receipts This Page (optional)	▶	16711.63
TOTAL This Period (last page this line number only)	▶	16711.63

**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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Legg Mason General

Mailing Address 100 Light St, 19th Floor
P.O. Box 1476

City Baltimore State MD Zip Code 21202-1036

Purpose of Disbursement
interest expense

Candidate Name

Office Sought: House Senate President
State: District D

Disbursement For: Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: 9108673

Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

279.18

interest expense

SUBTOTAL of Disbursements This Page (optional) ▶

279.18

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

279.18

**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 14 / 18

<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

A. Mikulski for Senate Committee

Full Name (Last, First, Middle Initial)
Mikulski for Senate Committee

Mailing Address P.O. Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement

Candidate Name
Senator Barbara A. Mikulski

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

Transaction ID: B966382
Date of Disbursement
12 / 03 / 2003

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

B. Diana DeGette for Congress

Full Name (Last, First, Middle Initial)
Diana DeGette for Congress

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

Candidate Name
Diana DeGette

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

Transaction ID: B966380
Date of Disbursement
12 / 03 / 2003

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

C. Friends of Blanche Lincoln

Full Name (Last, First, Middle Initial)
Friends of Blanche Lincoln

Mailing Address P.O. Box 3197

City Little Rock State AR Zip Code 72203

Purpose of Disbursement

Candidate Name
Blanche Lambert Lincoln

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

Transaction ID: B966383
Date of Disbursement
12 / 03 / 2003

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **5500.00**

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. Heather Wilson For Congress

Mailing Address PO Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement

Candidate Name
Rep. Heather Wilson

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

011
Category/
Type

Transaction ID: 8986378
Date of Disbursement

12 / 03 / 2003

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Drawer 307

City Crowley State LA Zip Code 70527

Purpose of Disbursement

Candidate Name
Rep. Christopher John

Office Sought: House Senate President
State: LA District: 7
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 Primary Electio

011
Category/
Type

Transaction ID: 8986378
Date of Disbursement

12 / 03 / 2003

Amount of Each Disbursement this Period

1000.00

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

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

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

Candidate Name
Rep. Christopher Shays

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

011
Category/
Type

Transaction ID: 8986381
Date of Disbursement

12 / 03 / 2003

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)
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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. Michael Burgess For Congress

Mailing Address 106 Highland Lake Dr

City Highland Village State TX Zip Code 75077

Purpose of Disbursement

Candidate Name
Mr. Michael Burgess

Office Sought: House Senate President
State: TX District: 28

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

Transaction ID: B975717
Date of Disbursement
12 / 08 / 2003

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Kennedy for Senate

Mailing Address 426 C Street NE - Rear Bldg

City Washington, State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Edward M. Kennedy

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

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

Transaction ID: B979035
Date of Disbursement
12 / 09 / 2003

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

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

Mailing Address P.O. Box 13103

City Green Bay State WI Zip Code 54307

Purpose of Disbursement

Candidate Name
Mark Green

Office Sought: House Senate President
State: WI District: 8

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

Transaction ID: 8979033
Date of Disbursement
12 / 09 / 2003

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **4500.00**

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

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

Use separate schedule(s)
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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. Citizens for Tom Petri

Mailing Address P.O. Box 270

City Fond Du Lac State WI Zip Code 54935

Purpose of Disbursement

Candidate Name
Mr. Tom Petri

Office Sought: House Senate President
State: WI District 6

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

Transaction ID: B979034
Date of Disbursement
12 / 09 / 2003

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

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

Mailing Address P. O. Box 1919
P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

Candidate Name
Rep. Paul Ryan

Office Sought: House Senate President
State: WI District 1

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

Transaction ID: B979030
Date of Disbursement
12 / 09 / 2003

Amount of Each Disbursement this Period
500.00

011
Category/
Type

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

Mailing Address P. O. Box 1919
P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

Candidate Name
Rep. Paul Ryan

Office Sought: House Senate President
State: WI District 1

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

Transaction ID: 8979032
Date of Disbursement
12 / 09 / 2003

Amount of Each Disbursement this Period
500.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **2000.00**

TOTAL This Period (last page this line number only) ▶ **15000.00**

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. Legg Mason General

Mailing Address 100 Light St, 19th Floor
P.O. Box 1476

City Baltimore State MD Zip Code 21202-1036

Purpose of Disbursement
interest expense

Candidate Name

Office Sought: House Senate President State: District D

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 9044110

Date of Disbursement

12 / 01 / 2003

Amount of Each Disbursement this Period

225.86

001
Category/
Type

interest expense

SUBTOTAL of Disbursements This Page (optional) ▶

225.86

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

225.86