

**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

C00008839

3. IS THIS REPORT NEW (N) OR X 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 X Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 Due On: 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 2003 through 01 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 03 26 2003

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									
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**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: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>01 <sup>D</sup>31 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		288398.70
(b) Cash on Hand at Beginning of Reporting Period .....	288398.70	
(c) Total Receipts (from Line 19) .....	53759.39	53759.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	342158.09	342158.09
<hr/>		
7. Total Disbursements (from Line 31) .....	10608.16	10608.16
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	331549.93	331549.93
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>M</sup>01 <sup>-</sup>31 <sup>-</sup>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) .....	23500.00	
(ii) Unitemized .....	25507.03	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	49007.03	49007.03
(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) .....	49007.03	49007.03
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.) .....	4752.36	4752.36
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)) .....	53759.39	53759.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	53759.39	53759.39

**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.....	108.16	108.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	108.16	108.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
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))..	10608.16	10608.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10608.16	10608.16

**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) .....	49007.03	49007.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49007.03	49007.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	108.16	108.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	108.16	108.16

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 35	
	<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

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) <b>A. Dr. Jonathan J. Lubitz</b>		Date of Receipt M / D / Y 01 / 01 / 2003
Mailing Address 2805 Charleston Oaks Ct		Transaction ID: 7630449
City	State	Zip Code
Mobile	AL	36605-2522
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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>B. Dr. Matthew G. Garoufalis</b>		Date of Receipt M / D / Y 01 / 01 / 2003
Mailing Address 1933 Hansom Ct		Transaction ID: 7630450
City	State	Zip Code
Naperville	IL	60565-2629
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Professional Foot Care Sp- edialists	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. James R. Christina</b>		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 3 Glendorian Ct.		Transaction ID: 7622183
City	State	Zip Code
Cockeysville	MD	21030-2407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer White Flint Podiatry	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 F3X)  
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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. R. Michael Whitmore		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 512 Rock Springs Dr.		Transaction ID: 7690475
City Oxford	State MS	Zip Code 38655-9246
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer 512 Rock Springs Dr.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Tommy Wayne Gennalt		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 70 Huckleberry Ln.		Transaction ID: 7759783
City Wetumpka	State AL	Zip Code 36062-5808
FEC ID number of contributing federal political committee. <b>C</b>		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. N. Arvid Vasanden		Date of Receipt M / D / Y 01 / 13 / 2003
Mailing Address 195 Rocky Branch Rd.		Transaction ID: 7759784
City Athens	State GA	Zip Code 30605-4510
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Athens Podiatry P.C.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 35	
	<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) <b>A. Dr. Harvey D. Lederman</b>		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 12 Biltmore Park		Transaction ID: 7630454
City Bloomfield	State CT	Zip Code 06002-2141
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 550.00
Name of Employer W. Hartford Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Marc Lederman</b>		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 14 Cedar Ridge Dr.		Transaction ID: 7630455
City Farmington	State CT	Zip Code 06032-1804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer W. Hartford Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Glenn B. Gestwith</b>		Date of Receipt M / D / Y 01 / 15 / 2003
Mailing Address 12401 Willow Green Ct.		Transaction ID: 7630462
City Potomac	State MD	Zip Code 20854-3044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer 12401 Willow Green Ct.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 35	
	<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) <b>A. Dr. Robert E. Merna</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 166 Greenwood Dr.		Transaction ID: 7630498
City South Windsor	State CT	Zip Code 06074-2010
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. David Alan Bernstein</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 482 Virginia Ave.		Transaction ID: 7630510
City Paoli	State PA	Zip Code 19301-1230
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Anthony R. Iorio</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 238 Wilton Rd.		Transaction ID: 7630508
City Westport	State CT	Zip Code 06880-2338
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Fairfield Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 35	
	<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) <b>A. Dr. Marc R. Bembeck</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 126 Burr Hall Rd.		Transaction ID: 7630502
City Middlebury	State CT	Zip Code 06762-1403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Waterbury Podiatry Consultants	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Ross E. Teubman</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 17325 Moss Side Ln.		Transaction ID: 7758810
City Olney	State MD	Zip Code 20832-2917
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Columbia Foot & Ankle Ass-oc.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Howard W. Hartstein</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 21 Dell Cir.		Transaction ID: 7630507
City Trumbull	State CT	Zip Code 06611-2308
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. Brian Deschamps</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 351 Merline Rd. #101		Transaction ID: 7690505
City Vernon Rockville	State CT	Zip Code 06066-4040
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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>B. Dr. Scott A. Hamilton</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 8141 Rourke St.		Transaction ID: 7769803
City Myrtle Beach	State SC	Zip Code 29572
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Coastal Podiatry Associates PA	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph Ryan Traddwell</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 15 Lantern Ct.		Transaction ID: 7630501
City Farmington	State CT	Zip Code 06032
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Associated Podiatrists of CT P.C.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. Jeffrey Dean Martone</b>		Date of Receipt M / D / Y 01 / 16 / 2003
Mailing Address 11 Central Ave.		Transaction ID: 7690499
City East Hartford	State CT	Zip Code 06108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Family Foot Care Center	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard C. Wilson</b>		Date of Receipt M / D / Y 01 / 17 / 2003
Mailing Address 374D Turtle mound Rd.		Transaction ID: 7759820
City Melbourne	State FL	Zip Code 32934-8448
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Melbourne Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael J. King</b>		Date of Receipt M / D / Y 01 / 17 / 2003
Mailing Address 178 Sweet Farm Rd.		Transaction ID: 7759821
City Portsmouth	State RI	Zip Code 02871
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. Kenneth Kahle Philips</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 74080 El Paseo #100		Transaction ID: 7771170
City Palm Desert	State CA	Zip Code 92260-4135
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Dennis W. Lavoie</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 800 5th Ave. S.		Transaction ID: 7768900
City Escanaba	State MI	Zip Code 49829-3607
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Steven H. Glickman</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 4821 Park Hill Ct		Transaction ID: 7771818
City West Bloomfield	State MI	Zip Code 48323-3557
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 35	
	<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) <b>A. Dr. Francis A. Hawthorn</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 3901 Central Pike #353		Transaction ID: 7771559
City	State	Zip Code
Hermitage	TN	37076-3422
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Dr. David Glen Wade</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 1804 Elmhurst Ave.		Transaction ID: 7771311
City	State	Zip Code
Oklahoma City	OK	73120-4718
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Dr. John E. Morehead</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 6866 S. 76th E. Ave.		Transaction ID: 7771187
City	State	Zip Code
Tulsa	OK	74133-1835
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. Michael J. Wessels</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 2245 River View Dr.		Transaction ID: 7771309
City Rock Falls	State IL	Zip Code 61071-1442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer KSB Medical Group	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Curtis W. Long</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 1047 Brevor Pl.		Transaction ID: 7771101
City Walla Walla	State WA	Zip Code 99362-9381
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. David Y. S. Yee</b>		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 98-1425 D Kaahumanu St.		Transaction ID: 7771219
City Aiea	State HI	Zip Code 96701
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer HI Foot Clinic	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>800.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Robert Douglas Sowell		Date of Receipt M / D / Y 01 / 21 / 2003
Mailing Address 16 N. Filly Ln.		Transaction ID: 7771584
City Edmond	State OK	Zip Code 73034-7612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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. Lynn LeBlanc		Date of Receipt M / D / Y 01 / 23 / 2003
Mailing Address 12 Trevor Ln.		Transaction ID: 7768908
City East Granby	State CT	Zip Code 6026
FEC ID number of contributing federal political committee. <b>C</b>		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. Kristin K. Tito		Date of Receipt M / D / Y 01 / 23 / 2003
Mailing Address 11092 Allenhurst Blvd.		Transaction ID: 7770002
City Cincinnati	State OH	Zip Code 45241
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Podiatry of Hamilton Inc.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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



**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 35	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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. Philip E. Ward		Date of Receipt M / D / Y 01 / 24 / 2003
Mailing Address 85 Shadow Ln.		Transaction ID: 7770281
City	State	Zip Code
Wispering Pines	NC	28327-9359
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Foot & Ankle Center of NC	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Angela Agae, DPM		Date of Receipt M / D / Y 01 / 24 / 2003
Mailing Address P.O. Box 240216		Transaction ID: 7770340
City	State	Zip Code
Montgomery	AL	36124-0216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer The East Montgomery Foot Clinic	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David R. Wuerzler		Date of Receipt M / D / Y 01 / 24 / 2003
Mailing Address 57 Fox Chase Dr.		Transaction ID: 7770375
City	State	Zip Code
Dothan	AL	36305-1145
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. Charles R. Hourshel</b>		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address 1217 Wood Land		Transaction ID: 7797376
City Fairmont	State MN	Zip Code 56031-2018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Fairmont Medical Clinic	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Kim M. Reicher</b>		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address 141 Hickory Lake		Transaction ID: 7797381
City Belleville	State IL	Zip Code 62223-3441
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Associated Foot Surgeons of Belleville	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Paul E. Bodamer, Sr.</b>		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address 2345 Ridge Rd. P.O. Box 1228		Transaction ID: 7797408
City Darien	State GA	Zip Code 31305-9797
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Parkwood Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. Michael A. Mineo</b>		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address 5305 Lampasas		Transaction ID: 7797389
City Houston	State TX	Zip Code 77056-6226
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Craig McLaws</b>		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address 132 N. Gould		Transaction ID: 7797405
City Sheridan	State WY	Zip Code 82801-3055
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer McLaws Foot Care	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Bruce A. Seudky</b>		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address Murchison Medical Bldg. 1B10 Murchison #206		Transaction ID: 7797404
City El Paso	State TX	Zip Code 79902
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. Kent L. Magrini</b>		Date of Receipt M / D / Y 01 / 27 / 2003
Mailing Address 8917 S. 30th		Transaction ID: 7797401
City Fort Smith	State AR	Zip Code 72808-8867
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Foot Health Center	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Charles M. Lombardi</b>		Date of Receipt M / D / Y 01 / 28 / 2003
Mailing Address 166-02 12th Rd.		Transaction ID: 7797270
City Beechhurst	State NY	Zip Code 11357-2806
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Bernay A. Greenberg</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 182B3 Cayuga Cir.		Transaction ID: 7778544
City Davie	State FL	Zip Code 33331-2155
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Podiatry Associates	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 F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. Troy David Zimelman</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 121 E. Poplar St.		Transaction ID: 7776778
City Prattville	State AL	Zip Code 36066-3638
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer 121 E. Poplar St.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Angela P. Dominique</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 8575 Mill Creek Cir.		Transaction ID: 7797232
City Birmingham	State AL	Zip Code 35242-7322
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Futondale Foot Clinic	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Walter Zelasko</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2731 Melinda Dr.		Transaction ID: 7776769
City Winston Salem	State NC	Zip Code 27103-5401
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	1050.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 35	
	<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) <b>A. Dr. Sheldon Wilens</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2150 S. Ocean Blvd. #3A		Transaction ID: 7776550
City Delray Beach	State FL	Zip Code 33483-6444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer 2150 S. Ocean Blvd. #3A	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Richard S. Jason</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2004 Ocean Front S.		Transaction ID: 7776560
City Jacksonville	State FL	Zip Code 32250-6246
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Earl Horowitz</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2550 Park St.		Transaction ID: 7776780
City Jacksonville	State FL	Zip Code 32204-4518
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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) <b>A. Dr. James V. Stehick</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 249 Dogwood Trace		Transaction ID: 7776551
City Tarpon Springs	State FL	Zip Code 34688-8532
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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>B. Dr. Robert Levine</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 10801 Starkey Rd. #107		Transaction ID: 7776559
City Largo	State FL	Zip Code 33777-1161
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Michael A. Figura</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 5 Deerfield Ridge Rd.		Transaction ID: 7776628
City Chesterfield	State MO	Zip Code 63005-6201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer County Podiatrists Inc.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 35	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Carol F. LaRose		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 174B S. Yorktown Ave.		Transaction ID: 7797228
City Tulsa	State OK	Zip Code 74104-5339
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Springer Clinic	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Dennis R. Frisch		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 107D S.W. 19th St.		Transaction ID: 7776556
City Boca Raton	State FL	Zip Code 33486-6830
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Boca Raton Podiatry	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Joseph H. Strickland		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 239D Longbrooke Way		Transaction ID: 7776540
City Clearwater	State FL	Zip Code 33760-1719
FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 35	
	<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) <b>A. Dr. Robert Fimmel</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 7442 Paurotis Ct.		Transaction ID: 7776555
City Sarasota	State FL	Zip Code 34241-7116
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sarasota Footcare Center P.A.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Linda L. Alexander</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2376 Foxhaven Dr. W.		Transaction ID: 7776163
City Jacksonville	State FL	Zip Code 32224-2010
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Stuart A. Courtney</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 3590 N. 45th Ave.		Transaction ID: 7776543
City Hollywood	State FL	Zip Code 33021-2450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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) .....	▶	1000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 35	
	<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) <b>A. Dr. Timothy Tilo</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 11808-2 San Jose Blvd.		Transaction ID: 7776554
City Jacksonville	State FL	Zip Code 32223-1862
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. David B. Arkin</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2868 Downing St.		Transaction ID: 7776708
City Big Flats	State NY	Zip Code 14814-9607
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Thomas J. Orterzo</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2315 Freysville Rd.		Transaction ID: 7776774
City Red Lion	State PA	Zip Code 17358-8283
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Associated Foot & Ankle Specialists	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 35	
	<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) <b>A. Dr. Bryan L. Cain</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2715 S.W. Bishop Rd.		Transaction ID: 7776624
City Lawton	State OK	Zip Code 73501-7702
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lawton Family Foot Clinic	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Mark S. Block</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2200 W. Glades Rd. #806		Transaction ID: 7776552
City Boca Raton	State FL	Zip Code 33431-7309
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Dr. Mark Hase</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 1024 Tramway Ln. N.W.		Transaction ID: 7776701
City Albuquerque	State NM	Zip Code 87122-1317
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Albuquerque Associated Podiatrists	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 35	
	<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) <b>A. Dr. Salvatore L. DeLellis</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 468 Lakeview Dr.		Transaction ID: 7776558
City Palm Harbor	State FL	Zip Code 34683-3710
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Ronald F. Eckstein</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 2721 Dunsinane Rd.		Transaction ID: 7776247
City Pensacola	State FL	Zip Code 32503-5814
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer 2721 Dunsinane Rd.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph E. Klefer</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 4561 Canopy Rd.		Transaction ID: 7776553
City Pensacola	State FL	Zip Code 32504-7801
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Gulf Coast Podiatry	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>750.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 35	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Dr. Steven M. Spinner</b>		Date of Receipt M / D / Y 01 / 30 / 2003
Mailing Address 1031 Coralina Ln.		Transaction ID: 7778751
City Delray Beach	State FL	Zip Code 33483-6792
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Brian W. Cornel</b>		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 3 Algonquin Dr.		Transaction ID: 7798841
City Middletown	State RI	Zip Code 02842-4573
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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>C. Dr. Stephen Parinutter</b>		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 8 Lyme Regis		Transaction ID: 7798843
City Cromwell	State CT	Zip Code 0416
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer CT Foot Care Centers L.L. .C.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**SCHEDULE A (FEC Form F3X)  
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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) <b>A. Dr. Steven E. Damon</b>		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 399 N. Main St.		Transaction ID: 7798845
City Suffield	State CT	Zip Code 06078-1828
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Harvey S. Karpo</b>		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 649 N. Broad St.		Transaction ID: 7798848
City Woodbury	State NJ	Zip Code 08066-1621
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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>C. Dr. Samir S. Vakil</b>		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 370 Bel Air Ct		Transaction ID: 7798847
City Punta Gorda	State FL	Zip Code 33550-5110
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Foot & Ankle Centers of Charlotte Coun	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 35	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Jill Lynn Jackson-Smith		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 8820 S. 92nd E. Ct.		Transaction ID: 7798846
City Tulsa	State OK	Zip Code 74133-4441
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Supulpa Foot & Ankle Clin- ic	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	23500.00

**SCHEDULE A (FEC Form F3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 35	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Advest, Inc.		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 7830418
City Avon	State CT	Zip Code 06001-3717
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 783.58
Name of Employer Advest, Inc.	Occupation Investment Firm	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 783.58	

Full Name (Last, First, Middle Initial) B. Advest, Inc.		Date of Receipt M / D / Y 01 / 31 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 7830421
City Avon	State CT	Zip Code 06001-4705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 3968.77
Name of Employer Advest, Inc.	Occupation Investment Firm	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 3968.77	gain on investments

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>4752.36</b>
TOTAL This Period (last page this line number only) .....	▶	<b>4752.36</b>



**SCHEDULE B (FEC Form F3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 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. Earl Pomeroy For Congress		Transaction ID: 7801009 Date of Disbursement 01 / 29 / 2003		
Mailing Address P.O. Box 746		Amount of Each Disbursement this Period  1000.00		
City Bismarck	State ND			Zip Code 58502
Purpose of Disbursement				011 Category/ Type
Candidate Name Mr. Earl Pomeroy				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: ND District 1	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002			

Full Name (Last, First, Middle Initial) B. A Lot of People Supporting Tom Daschle		Transaction ID: 7801018 Date of Disbursement 01 / 29 / 2003		
Mailing Address P.O. Box 1656		Amount of Each Disbursement this Period  2500.00		
City Sioux Falls	State SD			Zip Code 57101
Purpose of Disbursement				011 Category/ Type
Candidate Name Mr. Tom Daschle				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President State: SD District 1	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			

Full Name (Last, First, Middle Initial) C. Rogers For Congress		Transaction ID: 7801011 Date of Disbursement 01 / 29 / 2003		
Mailing Address 6899 Corigan Drive		Amount of Each Disbursement this Period  500.00		
City Brighton	State MI			Zip Code 48116
Purpose of Disbursement				011 Category/ Type
Candidate Name Michael Rogers				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MI District 8	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			

SUBTOTAL of Disbursements This Page (optional) .....	▶	4000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3X)  
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. Citizens for Arlen Spector		Transaction ID: 7801012 Date of Disbursement 01 / 29 / 2003	
Mailing Address 111 S. 15th St.		Amount of Each Disbursement this Period 1000.00	
City Philadelphia	State PA	Zip Code 19102	011 Category/ Type
Purpose of Disbursement		2004 Primary General X Other (specify) ▼ 2004 Primary Electio	
Candidate Name Senator Arlen Spector			
Office Sought: House X Senate President	State: PA District D		

Full Name (Last, First, Middle Initial) B. The Judd Gregg Committee		Transaction ID: 7801016 Date of Disbursement 01 / 29 / 2003	
Mailing Address P.O. Box 754		Amount of Each Disbursement this Period 1000.00	
City Concord	State NH	Zip Code 03302	011 Category/ Type
Purpose of Disbursement		2004 Primary General X Other (specify) ▼ 2004 Primary Electio	
Candidate Name Senator Judd Gregg			
Office Sought: House X Senate President	State: NH District D		

Full Name (Last, First, Middle Initial) C. Grassley Committee Inc.		Transaction ID: 7801010 Date of Disbursement 01 / 29 / 2003	
Mailing Address 5301 Wisconsin Ave.		Amount of Each Disbursement this Period 2000.00	
City Washington	State DC	Zip Code 20015	011 Category/ Type
Purpose of Disbursement		2004 Primary General X Other (specify) ▼ 2004 Primary Electio	
Candidate Name Mr. Charles E. Grassley			
Office Sought: House X Senate President	State: IA District 1		

SUBTOTAL of Disbursements This Page (optional) .....	▶	4000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form F3X)  
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 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. Hoyer for Congress		Transaction ID: 7801013 Date of Disbursement 01 / 29 / 2003	
Mailing Address 7905 Malcolm Rd. Ste. 102		Amount of Each Disbursement this Period 1000.00	
City Clinton	State MD	Zip Code 20735	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. Steny H. Hoyer	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: MD	District 5		

Full Name (Last, First, Middle Initial) B. Michaud For Congress		Transaction ID: 7801008 Date of Disbursement 01 / 29 / 2003	
Mailing Address 213 Lisbon Street 11 Bangor Mall Blvd Suite D		Amount of Each Disbursement this Period 500.00	
City Lewiston	State ME	Zip Code 04240	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. Michael Michaud	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002		
State: ME	District 2		

Full Name (Last, First, Middle Initial) C. Team Sununu		Transaction ID: 7801014 Date of Disbursement 01 / 29 / 2003	
Mailing Address PO Box 500		Amount of Each Disbursement this Period 1000.00	
City Rye	State NH	Zip Code 03870	011 Category/ Type
Purpose of Disbursement		Candidate Name Rep. John Sununu	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
State: NH	District 1		

SUBTOTAL of Disbursements This Page (optional) .....	▶	2500.00
TOTAL This Period (last page this line number only) .....	▶	10500.00