

**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 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

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)
<input checked="" type="checkbox"/> 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 03 01 2003 through 03 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 04 16 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

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: ^M03 ^D01 ^Y2003 To: ^M03 ^D31 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		288398.70
(b) Cash on Hand at Beginning of Reporting Period	337625.19	
(c) Total Receipts (from Line 19)	23967.53	99938.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	361592.72	388336.82
<hr/>		
7. Total Disbursements (from Line 31)	28086.60	54830.70
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	333506.12	333506.12
<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: ^M03 ^D01 ^Y2003 To: ^M03 ^D31 ^Y2003

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)	9250.00	
(ii) Unitemized	11655.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	20905.00	87638.84
(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)	20905.00	87638.84
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.)	3062.53	12299.28
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))	23967.53	99938.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23967.53	99938.12

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	244.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	244.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	54500.00
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.....	86.60	86.60
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))..	28086.60	54830.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	28086.60	54830.70

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20905.00	87638.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20905.00	87638.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	244.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	244.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 28	
	<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) A. Dr. Andrew V. Wahl		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 17880 Richmond Rd.		Transaction ID: 7934198
City Plainfield	State IL	Zip Code 60544-8219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Essington Podiatry Group	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ada Paducci		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 1980 Essington Rd. #103		Transaction ID: 7934198
City Joliet	State IL	Zip Code 60435-1617
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Essington Podiatry Group	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Barry E. Weaselowski		Date of Receipt M / D / Y 03 / 06 / 2003
Mailing Address 2901 Majestic		Transaction ID: 7933988
City Independence	State KS	Zip Code 67301-1519
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 28	
	<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. Charles E. Keenan Jr.		Date of Receipt M / D / Y 03 / 07 / 2003
Mailing Address 159D 3rd Ave. S.E.		Transaction ID: 7934105
City Le Mars	State IA	Zip Code 51031-2763
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Seth A. Rubenstein		Date of Receipt M / D / Y 03 / 07 / 2003
Mailing Address 1322 Pavilion Club Way		Transaction ID: 7934104
City Reston	State VA	Zip Code 20194-1338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fox Mill Podiatry Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James E. Ulsa		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 1327 Pressler Ct. S.		Transaction ID: 7986221
City Salem	State OR	Zip Code 97308-2165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cascade Foot Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28	
	(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. Mark S. Veres		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 8112 Mossy Oak Dr.		Transaction ID: 7933701
City Montgomery	State AL	Zip Code 36117-5614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey S. Kahn		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 35 Kent Ln.		Transaction ID: 7934505
City Rocky Hill	State CT	Zip Code 06067-2910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer CT Foot Care Centers L.L.C.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Katherine Bailey		Date of Receipt M / D / Y 03 / 11 / 2003
Mailing Address 1307 Washington St #100		Transaction ID: 7986213
City Oregon	State IL	Zip Code 61061-1022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bailey & Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 28	
	<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. Glenn B. Gerswirth		Date of Receipt M / D / Y 03 / 12 / 2003
Mailing Address 12401 Willow Green Ct.		Transaction ID: 7952855
City Potomac	State MD	Zip Code 20854-3044
FEC ID number of contributing federal political committee. C		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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Frederick N. Day		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 3339 Central Ave. #F		Transaction ID: 7985975
City Hot Springs	State AR	Zip Code 71913-6279
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Howard Greshel, DPM		Date of Receipt M / D / Y 03 / 18 / 2003
Mailing Address 2308 Greenside Ct.		Transaction ID: 7986236
City Ponte Vedra Beach	State FL	Zip Code 32082-5700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28	
	(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. Michael Moley		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 1345 Sunburst		Transaction ID: 7995960
City Northbrook	State IL	Zip Code 60062-4260
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Gary W. Nelner		Date of Receipt M / D / Y 03 / 21 / 2003
Mailing Address 3117 Hudnall Ln.		Transaction ID: 7995966
City Edgewood	State KY	Zip Code 41017-2320
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Foot Care Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jon A. Hulman		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 2011 Thayer Ave.		Transaction ID: 7995563
City Los Angeles	State CA	Zip Code 90025-5528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer 2011 Thayer Ave.	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 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 28	
	<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. Donald R. Skvor		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 3085 Flint Dr.		Transaction ID: 8025334
City Memphis	State TN	Zip Code 38115-2309
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Rosario J. LaBubera		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 202 Morris Ave.		Transaction ID: 8025326
City Mountain Lakes	State NJ	Zip Code 07046-1344
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey DeSantis		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 2811 Circle Dr.		Transaction ID: 8025318
City Newport Beach	State CA	Zip Code 92663-5618
FEC ID number of contributing federal political committee. C		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 TN's Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 28	
	<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. Patricia A. Moore		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 317B Andrews Rd.		Transaction ID: 8025327
City Buchanan	State MI	Zip Code 49107-9120
FEC ID number of contributing federal political committee. C		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. Timothy D. Kemple		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 11 Elwood Rd.		Transaction ID: 8025320
City Derry	State NH	Zip Code 03038-5426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Stanley A. Gorgol		Date of Receipt M / D / Y 03 / 24 / 2003
Mailing Address 5 Terracewood Rd.		Transaction ID: 8025319
City Londonderry	State NH	Zip Code 03053-2409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer New Hampshire Podiatric Medical Assn.	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 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 28	
	<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. Wayne D. Marchand		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 434 South St.		Transaction ID: 8025047
City Auburn	State MA	Zip Code 01501-2733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Bruce R. Safarin		Date of Receipt M / D / Y 03 / 25 / 2003
Mailing Address 7205 Pine Cone Ln.		Transaction ID: 7995906
City Sylvania	State OH	Zip Code 43560-3812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Complete Foot Care Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Brent G. Moyes		Date of Receipt M / D / Y 03 / 27 / 2003
Mailing Address 651 Franklyn Ave.		Transaction ID: B024949
City Indianapolis	State FL	Zip Code 32503-4803
FEC ID number of contributing federal political committee. C		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	

SUBTOTAL of Receipts This Page (optional)	300.00
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: (check only one)		PAGE 14 / 28	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. John P. Dahdah		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 222B Detweiler Rd.		Transaction ID: 8025073
City Pottstown	State PA	Zip Code 19464-1525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Foot & Ankle Health Group	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Dennis W. Lavoie		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 800 5th Ave. S.		Transaction ID: 8025080
City Escanaba	State MI	Zip Code 49829-3607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. William R. Kugler		Date of Receipt M / D / Y 03 / 28 / 2003
Mailing Address 542 Hawthorne Woods Dr.		Transaction ID: 8025070
City Eagan	State MN	Zip Code 55123-3059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
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: (check only one)		PAGE 15 / 28	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Richard W. Stamm		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 105 Diamondhead Dr.		Transaction ID: 8101379
City Albuquerque	State NM	Zip Code 87101-4333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Clovis Foot Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Vicki Anton-Athens		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 29113 E. River Rd.		Transaction ID: 8101375
City Grosse Ile	State MI	Zip Code 48138-1940
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Frederick L. Conti		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 1261 Sand Run Rd.		Transaction ID: B101386
City Akron	State OH	Zip Code 44313-4741
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Family Foot Care Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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: (check only one)		PAGE 16 / 28	
	<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. Kenneth F. Malin		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 20 Moran Rd.		Transaction ID: 8101392
City West Orange	State NJ	Zip Code 07052-2252
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Caldwell Podiatry Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. William J. O'Neil		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 353D Stancliff Rd.		Transaction ID: 8101376
City Clemmons	State NC	Zip Code 27012-9085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Carolina Foot Care Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Nancy A. Kaplan		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 52 Pitt Rd.		Transaction ID: B025783
City Springfield	State NJ	Zip Code 07081-2634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 28	
	(check only one)			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Todd R. Monroe		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 5 Lilac Ln.		Transaction ID: 8101383
City Aberdeen	State SD	Zip Code 57401-1332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northern Plains Family Foot Clinic	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)	▶	9250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 28	
	<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 03 / 31 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 8113276
City Avon	State CT	Zip Code 06001-4705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1826.81
Name of Employer Advest, Inc.	Occupation Investment Firm	interest income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 7094.79	

Full Name (Last, First, Middle Initial) B. Advest, Inc.		Date of Receipt M / D / Y 03 / 31 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 8113282
City Avon	State CT	Zip Code 06001-4705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1235.72
Name of Employer Advest, Inc.	Occupation Investment Firm	gain on investments
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 8330.51	

SUBTOTAL of Receipts This Page (optional)	▶	3062.53
TOTAL This Period (last page this line number only)	▶	3062.53

**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 19 / 28			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Re-Elect Nancy Johnson to Congress			Transaction ID: 7934508 Date of Disbursement 03 / 07 / 2003		
Mailing Address P.O. Box 1968			Amount of Each Disbursement this Period 1000.00		
City New Britain	State CT	Zip Code 06050			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Ms. Nancy L. Johnson					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	State: CT District 6			

Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Ed Towns			Transaction ID: 7934663 Date of Disbursement 03 / 07 / 2003		
Mailing Address 360 Clinton Ave., Apt. 6R			Amount of Each Disbursement this Period 1000.00		
City Brooklyn	State NY	Zip Code 11238			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. Edolphus Towns					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	State: NY District 10			

Full Name (Last, First, Middle Initial) C. Friends of Chris Dodd			Transaction ID: 7934509 Date of Disbursement 03 / 07 / 2003		
Mailing Address 11 Prospect Street			Amount of Each Disbursement this Period 2000.00		
City Middletown	State CT	Zip Code 06457			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Senator Christopher J. Dodd					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	State: CT District 1			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20 / 28			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Mikulski for Senate Committee			Transaction ID: 7934616 Date of Disbursement 03 / 07 / 2003		
Mailing Address P.O. Box 13147			Amount of Each Disbursement this Period 1000.00		
City Baltimore	State MD	Zip Code 21203			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Senator Barbara A. Mikulski					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				
State: MD District D					

Full Name (Last, First, Middle Initial) B. Norwood for Congress			Transaction ID: 7934510 Date of Disbursement 03 / 07 / 2003		
Mailing Address 3643 Walton Way Extension			Amount of Each Disbursement this Period 1000.00		
City Augusta	State GA	Zip Code 30606			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. Charlie Norwood					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				
State: GA District 10					

Full Name (Last, First, Middle Initial) C. John D. Dingell for Congress Committee			Transaction ID: 7934511 Date of Disbursement 03 / 07 / 2003		
Mailing Address 607 Fourteenth St., NW			Amount of Each Disbursement this Period 1000.00		
City Washington	State DC	Zip Code 20005			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. John D. Dingell					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				
State: MI District 16					

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 21 / 28			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Nethercutt For Congress		Transaction ID: 7934507 Date of Disbursement 03 / 07 / 2003	
Mailing Address P.O. Box 1925			
City Spokane	State WA	Zip Code 99201	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name George R. Nethercutt, Jr.			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: WA District 5			

Full Name (Last, First, Middle Initial) B. Friends Of Mary Landrieu Inc		Transaction ID: 7934506 Date of Disbursement 03 / 07 / 2003	
Mailing Address 503 Capitol Court, NE Suite 100			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mary L. Landrieu			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002		
State: LA District 2			

Full Name (Last, First, Middle Initial) C. Earl Pomeroy For Congress		Transaction ID: 7951743 Date of Disbursement 03 / 10 / 2003	
Mailing Address P.O. Box 746			
City Bismarck	State ND	Zip Code 58502	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Earl Pomeroy			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: ND District 1			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 28			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Friends of Patrick Kennedy			Transaction ID: 7951667 Date of Disbursement 03 / 10 / 2003		
Mailing Address PO BOX 321			Amount of Each Disbursement this Period 1000.00		
City PAWTUCKET	State RI	Zip Code 02862			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. Patrick J. Kennedy					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				
State: RI District 1					

Full Name (Last, First, Middle Initial) B. Friends for Harry Reid			Transaction ID: 7951745 Date of Disbursement 03 / 10 / 2003		
Mailing Address SH 528			Amount of Each Disbursement this Period 1000.00		
City Washington	State DC	Zip Code 20510			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Harry Reid					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				
State: NV District 1					

Full Name (Last, First, Middle Initial) C. Citizens for Bunning			Transaction ID: 7951749 Date of Disbursement 03 / 10 / 2003		
Mailing Address Suite 180 1717 Dixie Highway			Amount of Each Disbursement this Period 1000.00		
City Ft. Wright	State KY	Zip Code 41011			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. Jim Bunning					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				
State: KY District 4					

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 23 / 28			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Ron Lewis For Congress 2000		Transaction ID: 7951748 Date of Disbursement 03 / 10 / 2003	
Mailing Address PO Box 307			
City Elizabethtown	State KY	Zip Code 42702	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Ron Lewis			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: KY District 2	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) B. Solis For Congress		Transaction ID: 7951685 Date of Disbursement 03 / 10 / 2003	
Mailing Address 8665 Wilshire Blvd #220			
City Beverly Hills	State CA	Zip Code 90211	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Hilda Solis			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District 32	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) C. Lucille Roybal-Allard For Congress		Transaction ID: 7951744 Date of Disbursement 03 / 10 / 2003	
Mailing Address 601 S. Glencaks Bl #211			
City Burbank	State CA	Zip Code 91502	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Lucille Roybal-Allard			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District 34	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 / 28			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Friends of Dave Weldon			Transaction ID: 7972044 Date of Disbursement 03 / 17 / 2003			
Mailing Address 1602 Williar Road, NW			Amount of Each Disbursement this Period 1000.00			
City Palm Bay	State FL	Zip Code 32907			011 Category/ Type	
Purpose of Disbursement						
Candidate Name Dr. Dave Weldon						
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio					
State: FL	District: 15					

Full Name (Last, First, Middle Initial) B. Ben Cardin for Congress			Transaction ID: 7972043 Date of Disbursement 03 / 17 / 2003			
Mailing Address 100 East Pratt St 27th Floor			Amount of Each Disbursement this Period 1000.00			
City Baltimore	State MD	Zip Code 21202			011 Category/ Type	
Purpose of Disbursement						
Candidate Name Mr. Benjamin L. Cardin						
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: 3					

Full Name (Last, First, Middle Initial) C. Congressman Joe Barton Committee			Transaction ID: 7972051 Date of Disbursement 03 / 17 / 2003			
Mailing Address P.O. Box 1444			Amount of Each Disbursement this Period 1000.00			
City Ennis	State TX	Zip Code 75120			011 Category/ Type	
Purpose of Disbursement						
Candidate Name Mr. Joe L. Barton						
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio					
State: TX	District: 6					

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 25 / 28			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Jim Davis for Congress			Transaction ID: 7972045 Date of Disbursement 03 / 17 / 2003		
Mailing Address 3718 W Swann Avenue			Amount of Each Disbursement this Period 1000.00		
City Tampa	State FL	Zip Code 33609			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. Jim Davis					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	State: FL District 11			

Full Name (Last, First, Middle Initial) B. Allen for Congress			Transaction ID: 7972050 Date of Disbursement 03 / 17 / 2003		
Mailing Address 85 Preble St. PO Box 1776B			Amount of Each Disbursement this Period 1000.00		
City Portland	State ME	Zip Code 04112			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Thomas H. Allen					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	State: ME District 1			

Full Name (Last, First, Middle Initial) C. Friends Of Mike Ferguson			Transaction ID: 7972046 Date of Disbursement 03 / 17 / 2003		
Mailing Address 1021 Stuyvesant Avenue			Amount of Each Disbursement this Period 1000.00		
City Union	State NJ	Zip Code 07083			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Rep. Mike Ferguson					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	State: NJ District 7			

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 26 / 28			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Issa For Congress		Transaction ID: 7972048 Date of Disbursement 03 / 17 / 2003	
Mailing Address P O Box 760			
City Vista	State CA	Zip Code 92085	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Darrell Issa			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: CA	District: 49		

Full Name (Last, First, Middle Initial) B. Billy Tauzin Committee		Transaction ID: 8022287 Date of Disbursement 03 / 25 / 2003	
Mailing Address 550 South Van			
City Houma	State LA	Zip Code 70361	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. W.J. Tauzin			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: LA	District: 3		

Full Name (Last, First, Middle Initial) C. Doug Ose for Congress		Transaction ID: 8022284 Date of Disbursement 03 / 25 / 2003	
Mailing Address P. O. Box 41649			
City Sacramento	State CA	Zip Code 95841	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Doug Ose			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: CA	District: 3		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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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. Rangel for Congress		Transaction ID: B0222B6 Date of Disbursement 03 / 25 / 2003	
Mailing Address 850 7th Avenue, #701		Amount of Each Disbursement this Period 1000.00	
City New York	State NY		Zip Code 10019
Purpose of Disbursement			011 Category/ Type
Candidate Name Mr. Charles B. Rangel			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NY District 15	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) B. Feingold Senate Committee		Transaction ID: B0222B3 Date of Disbursement 03 / 25 / 2003	
Mailing Address PO Box 620062		Amount of Each Disbursement this Period 1000.00	
City Middleton	State WI		Zip Code 53562
Purpose of Disbursement			011 Category/ Type
Candidate Name Sen. Russell Feingold			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: WI District 2	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

SUBTOTAL of Disbursements This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	28000.00

**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. Advest, Inc.		Transaction ID: B113277	
Mailing Address 17 W. Main Street		Date of Disbursement 03 / 31 / 2003	
City Avon	State CT	Zip Code 06001-2008	Amount of Each Disbursement this Period 86.60
Purpose of Disbursement interest expense		001 Category/ Type	
Candidate Name			interest expense
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	86.60
TOTAL This Period (last page this line number only)	▶	86.60