

**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 Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	<input checked="" type="checkbox"/> 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)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2003 through 05 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 06 18 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: <sup>M</sup>05 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>05 <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 .....	363013.19	
(c) Total Receipts (from Line 19) .....	19357.62	155802.81
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	382370.81	444201.51
<hr/>		
7. Total Disbursements (from Line 31) .....	24505.55	86336.25
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	357865.26	357865.26
<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>05 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>M</sup>05 <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) .....	5266.66	
(ii) Unitemized .....	5868.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	11134.66	125771.50
(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) .....	11134.66	125771.50
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.) .....	8222.96	30031.31
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)) .....	19357.62	155802.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19357.62	155802.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	5.55	249.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5.55	249.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	86000.00
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	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))..	24505.55	86336.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	24505.55	86336.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11134.66	125771.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11134.66	125771.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5.55	249.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5.55	249.65

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 10	
	(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

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. Richard A. Alwenger</b>		Date of Receipt M / D / Y 05 / 05 / 2003
Mailing Address 2500 Pond View #LL07		Transaction ID: 8214181
City Castleton On Hudso	State NY	Zip Code 12033-9774
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Pond View Podiatry	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Joseph R. Selter</b>		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 2708 McGraw Dr.		Transaction ID: 8235780
City Bloomington	State IL	Zip Code 61704-6087
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. John E. Ferrato</b>		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 302B S. Amanda Ct.		Transaction ID: 8251389
City Sioux Falls	State SD	Zip Code 57103-4828
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Sioux Valley Clinic	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 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 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. G. Michael Johnson Jr.		Date of Receipt M / D / Y 05 / 13 / 2003
Mailing Address P.O. Box 8407		Transaction ID: 8235785
City	State	Zip Code
Mobile	AL	36689-0407
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Medical Center Podiatry P.C.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Carol F. LaRose		Date of Receipt M / D / Y 05 / 18 / 2003
Mailing Address 174B S. Yorktown Ave.		Transaction ID: 8261212
City	State	Zip Code
Tulsa	OK	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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Marc Weltzman		Date of Receipt M / D / Y 05 / 19 / 2003
Mailing Address 10425 Kingston		Transaction ID: B285984
City	State	Zip Code
Huntington Woods	MI	48070-1113
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>1000.00</b>
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 8/10	
	(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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American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Dr. R. Daniel Davis</b>		Date of Receipt M / D / Y 05 / 10 / 2003
Mailing Address 450 Clement Ln.		Transaction ID: 8248372
City Orange	State CT	Zip Code 06477-2803
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. Patrick J. Nunan</b>		Date of Receipt M / D / Y 05 / 22 / 2003
Mailing Address 584D Winged Foot Dr.		Transaction ID: 8265980
City West Chester	State OH	Zip Code 45069-1861
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. Terry J. Boykoff</b>		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 3714 Park Colony Ct.		Transaction ID: 8265987
City Agoura Hills	State CA	Zip Code 91301-3635
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 666.66
Name of Employer Santa Monica Podiatry Gro- up Inc.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.66	

SUBTOTAL of Receipts This Page (optional) .....	<b>1166.66</b>
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 / 18	
	<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. Lisa M. Lipe</b>		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 5190 S.W. Oakridge		Transaction ID: 8295356
City Lake Oswego	State OR	Zip Code 97035-3314
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. Kent S. Martin</b>		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 141 Stoney Creek Dr.		Transaction ID: 8295362
City Florence	State AL	Zip Code 35633-1582
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Martin Foot Specialists Inc.	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Daniel Duane Price</b>		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 3011 N.E. West Devils Lake Rd.		Transaction ID: 8280840
City Lincoln City	State OR	Zip Code 97367-5131
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lincoln County Foot Health Center	Occupation Podiatrist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1050.00</b>
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 10 / 19	
	<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 Kelley</b>		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 2 Gibraltar		Transaction ID: 8295360
City Rockford	State MI	Zip Code 49341-7703
FEC ID number of contributing federal political committee. <b>C</b>		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>B. Dr. Harold D. Sterling, Jr.</b>		Date of Receipt M / D / Y 05 / 27 / 2003
Mailing Address 5406 River Bend Cir.		Transaction ID: 8260839
City Grand Ledge	State MI	Zip Code 48837-8937
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. Henry M. Ash</b>		Date of Receipt M / D / Y 05 / 28 / 2003
Mailing Address 1242 Westchester Dr.		Transaction ID: 8285980
City Oklahoma City	State OK	Zip Code 73114-1215
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>1050.00</b>
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 11 / 19	
	(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"/> 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. Bruce E. Waxman		Date of Receipt M / D / Y 05 / 20 / 2003
Mailing Address 29 Blackthorn Loop		Transaction ID: 8295359
City Wappingers Falls	State NY	Zip Code 12590-4226
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) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	5266.66

**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 / 19	
	<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 05 / 31 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 8342851
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 1212.43
Name of Employer Advest, Inc.	Occupation Investment Firm	interest income
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 19052.01	

Full Name (Last, First, Middle Initial) B. Advest, Inc.		Date of Receipt M / D / Y 05 / 31 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 8347676
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 7010.53
Name of Employer Advest, Inc.	Occupation Investment Firm	gain on investments
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 26062.54	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>8222.96</b>
TOTAL This Period (last page this line number only) .....	▶	<b>8222.96</b>

**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 13 / 19

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

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

Full Name (Last, First, Middle Initial) A. Advest, Inc.		Transaction ID: B342858	
Mailing Address 17 W. Main Street		Date of Disbursement 05 / 31 / 2003	
City Avon	State CT	Zip Code 06001-2008	Amount of Each Disbursement this Period  5.55
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) .....	▶	5.55
TOTAL This Period (last page this line number only) .....	▶	5.55

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 14 / 19			
	<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. A Lot of People Who Support Jeff Bingaman			Transaction ID: B216794 Date of Disbursement 05 / 01 / 2003		
Mailing Address P.O. Box 2048			Amount of Each Disbursement this Period  1000.00		
City Albuquerque	State NM	Zip Code 87103			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Senator Jeff Bingaman					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio	State: NM District 2			

Full Name (Last, First, Middle Initial) B. Billy Tauzin Committee			Transaction ID: B216785 Date of Disbursement 05 / 01 / 2003		
Mailing Address 550 South Van			Amount of Each Disbursement this Period  2500.00		
City Houma	State LA	Zip Code 70361			
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. Mike Bilirakis for Congress			Transaction ID: 8216797 Date of Disbursement 05 / 01 / 2003		
Mailing Address P.O. Box 1077			Amount of Each Disbursement this Period  2500.00		
City Tarpon Springs	State FL	Zip Code 34688			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. Michael Bilirakis					
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 9			

SUBTOTAL of Disbursements This Page (optional) .....	▶	6000.00
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 15 / 19			
	<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 Rosa DeLauro			Transaction ID: B2168D1 Date of Disbursement 05 / 01 / 2003		
Mailing Address 49 Huntington St			Amount of Each Disbursement this Period  1000.00		
City New Haven	State CT	Zip Code 06511			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Ms. Rosa DeLauro					
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 3			

Full Name (Last, First, Middle Initial) B. Pryce For Congress			Transaction ID: B216750 Date of Disbursement 05 / 01 / 2003		
Mailing Address 145 E. Rich Street			Amount of Each Disbursement this Period  1000.00		
City Columbus	State OH	Zip Code 43215			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Rep. Deborah Pryce					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	State: OH District 15			

Full Name (Last, First, Middle Initial) C. Jesse Jackson Jr For Congress Committe			Transaction ID: 8247752 Date of Disbursement 05 / 13 / 2003		
Mailing Address 2569 E 72nd St			Amount of Each Disbursement this Period  1000.00		
City Chicago	State IL	Zip Code 60649			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Jesse L. Jackson, 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: IL District 2			

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 16 / 19			
	<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. Nancy Pelosi for Congress		Transaction ID: B247751 Date of Disbursement 05 / 13 / 2003	
Mailing Address 11th Floor 1 Bush St.		Amount of Each Disbursement this Period 2000.00	
City San Francisco	State CA	Zip Code 94104	011 Category/ Type
Purpose of Disbursement		Candidate Name Ms. Nancy Pelosi	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: B	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) B. Doggett for U.S. Congress Committee		Transaction ID: B247753 Date of Disbursement 05 / 13 / 2003	
Mailing Address P.O. Box 5843		Amount of Each Disbursement this Period 1000.00	
City Austin	State TX	Zip Code 78703	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. Lloyd Doggett	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 10	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) C. Cardoza For Congress		Transaction ID: 8247750 Date of Disbursement 05 / 13 / 2003	
Mailing Address 5576 Zeiner Court		Amount of Each Disbursement this Period 1000.00	
City Atwater	State CA	Zip Code 95301	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. Dennis Cardoza	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 18	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 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 17 / 19			
	<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) <b>A. Rogers For Congress</b>		Transaction ID: B253182 Date of Disbursement 05 / 19 / 2003	
Mailing Address 6899 Corrigan Drive		Amount of Each Disbursement this Period  1000.00	
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	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: MI	District: B		

Full Name (Last, First, Middle Initial) <b>B. The Judd Gregg Committee</b>		Transaction ID: B253189 Date of Disbursement 05 / 19 / 2003	
Mailing Address P.O. Box 754		Amount of Each Disbursement this Period  2500.00	
City Concord	State NH		Zip Code 03302
Purpose of Disbursement			011 Category/ Type
Candidate Name Senator Judd Gregg			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NH	District: D		

Full Name (Last, First, Middle Initial) <b>C. Wyden for Senate</b>		Transaction ID: 8253228 Date of Disbursement 05 / 19 / 2003	
Mailing Address P.O. Box 3498		Amount of Each Disbursement this Period  1000.00	
City Portland	State OR		Zip Code 97208
Purpose of Disbursement			011 Category/ Type
Candidate Name Senator Ron Wyden			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: OR	District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>4500.00</b>
<b>TOTAL</b> 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 18 / 19			
	<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 Bunning		Transaction ID: B253248 Date of Disbursement 05 / 19 / 2003	
Mailing Address Suite 180 1717 Dixie Highway		Amount of Each Disbursement this Period 2500.00	
City Ft. Wright	State KY	Zip Code 41011	011 Category/ Type
Purpose of Disbursement			
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			

Full Name (Last, First, Middle Initial) B. Grassley Committee Inc.		Transaction ID: B253163 Date of Disbursement 05 / 19 / 2003	
Mailing Address 5301 Wisconsin Ave.		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20015	011 Category/ Type
Purpose of Disbursement			
Candidate Name Mr. Charles E. Grassley			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: IA District: 1			

Full Name (Last, First, Middle Initial) C. Bob Matsui for Congress Committee		Transaction ID: 8253203 Date of Disbursement 05 / 19 / 2003	
Mailing Address 300 Capitol Mall, Suite 350		Amount of Each Disbursement this Period 2000.00	
City Sacramento	State CA	Zip Code 95814	011 Category/ Type
Purpose of Disbursement			
Candidate Name Mr. Robert T. Matsui			
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: 5			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>5500.00</b>
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 19 / 19

<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. Dutch Ruppensberger For Congress		Transaction ID: B253127 Date of Disbursement 05 / 19 / 2003	
Mailing Address 1850 York Rd., Ste J-Rear		Amount of Each Disbursement this Period  500.00	
City Timonium	State MD		Zip Code 21093
Purpose of Disbursement			011 Category/ Type
Candidate Name Dutch Ruppensberger			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MD District 2	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

Full Name (Last, First, Middle Initial) B. Murtha For Congress Committee		Transaction ID: B253187 Date of Disbursement 05 / 19 / 2003	
Mailing Address 551 Main Street Suite 220 Bt Financial Plaza Suite 220		Amount of Each Disbursement this Period  1000.00	
City Johnstown	State PA		Zip Code 15001
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. John Murtha			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District 12	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		

SUBTOTAL of Disbursements This Page (optional) .....	▶	1500.00
TOTAL This Period (last page this line number only) .....	▶	24500.00