

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

ADDRESS (number and street)

8312 Old Georgetown Road

Check if different than previously reported. (ACC)

Bethesda

MD

20814

1858

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00008639

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

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

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

X

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

10

18

2004

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

10

01

2004

through

10

13

2004

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

10

18

2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: <sup>M</sup>10 <sup>: :</sup>01 <sup>Y ( Y ) Y</sup>2004 To: <sup>M</sup>10 <sup>: :</sup>13 <sup>Y ( Y ) Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y ( Y ) Y</sup> 2004		396695.75
(b) Cash on Hand at Beginning of Reporting Period .....	302909.45	
(c) Total Receipts (from Line 19) .....	9973.00	275811.10
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	312882.45	672506.85
<hr/>		
7. Total Disbursements (from Line 31) .....	17500.00	377124.40
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	295382.45	295382.45
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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>10 <sup>-</sup>01 <sup>-</sup>2004 To: <sup>M</sup>10 <sup>-</sup>13 <sup>-</sup>2004

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) .....	4198.00	
(ii) Unitemized .....	5775.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	9973.00	257378.02
(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) .....	9973.00	257378.02
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	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	14433.08
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)) .....	9973.00	275811.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9973.00	275811.10

**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.....	0.00	124.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	124.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	378500.00
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	500.00
(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	500.00
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))..	17500.00	377124.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	17500.00	377124.40

**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) .....	9973.00	257378.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9973.00	256878.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	124.40
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	124.40

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

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

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Dr. James F. Hogan</b>		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 35 Vermont Ave.		Transaction ID: 10209881
City Binghamton	State NY	Zip Code 13905-4351
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Dennis W. Lavoie</b>		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 800 5th Ave. S.		Transaction ID: 10209885
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	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Rex Smith</b>		Date of Receipt M / D / Y 10 / 01 / 2004
Mailing Address 1080 Chambers St.		Transaction ID: 10214189
City Eugene	State OR	Zip Code 97402-5745
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 248.00
Name of Employer Self-Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 248.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>598.00</b>
<b>TOTAL</b> 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 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard L. Grant</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 581 Fox Pointe Ct.		Transaction ID: 10225680
City Bloomfield Hills	State MI	Zip Code 48304-1813
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Thomas F. Vail</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 201 Mohican Rd.		Transaction ID: 10225692
City Findlay	State OH	Zip Code 45840-6322
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	Aggregate Year-to-Date ▼ 700.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark E. Landry</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 8120 W. 89th St.		Transaction ID: 10225678
City Overland Park	State KS	Zip Code 66212-3444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> 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 / 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Michael L. Stevens</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 149 Adams Rd.		Transaction ID: 10225685
City Kutztown	State PA	Zip Code 19530-9249
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Rosana Rodriguez</b>		Date of Receipt M / D / Y 10 / 04 / 2004
Mailing Address 1 1/2 A St. #B		Transaction ID: 10225682
City Saint Augustine	State FL	Zip Code 32080-2911
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert E. Shuman</b>		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address 484D Main St.		Transaction ID: 10225728
City Stratford	State CT	Zip Code 06614-3634
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> 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 9 / 17

(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) <b>A. Dr. Lawrence R. Gaston, Jr.</b>		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address 4217 Wimbledon		Transaction ID: 10225729
City Lawrence	State KS	Zip Code 66047-2034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Rebecca Smiley-Leis</b>		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address 272 E. Woodlander Ct		Transaction ID: 10209827
City Eagle	State ID	Zip Code 83616-6322
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. David J. Neese</b>		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address 7794 102nd St. N.E.		Transaction ID: 10209835
City Monticello	State MN	Zip Code 55362-3501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>500.00</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 10 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Diane Guadara</b>		Date of Receipt M / D / Y 10 / 05 / 2004
Mailing Address Hackensack Foot & Ankle Center 835 Main St		Transaction ID: 10209834
City Hackensack	State NJ	Zip Code 07601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Hackensack Foot & Ankle Center	Occupation Podiatrist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul L. Valenza</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 444 Hugo Real Rd.		Transaction ID: 10225706
City Kerrville	State TX	Zip Code 78028-8128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Self Employed	Occupation Podiatrist	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Gary Lee Unsdorfer</b>		Date of Receipt M / D / Y 10 / 08 / 2004
Mailing Address 4274 Red Tail Ct		Transaction ID: 10225707
City Medina	State OH	Zip Code 44258-6514
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>575.00</b>
<b>TOTAL</b> 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 / 17

(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. Robert D. Yam		Date of Receipt M / D / Y Y Y Y 10 / 08 / 2004
Mailing Address 236 N. Wind Ct.		Transaction ID: 10225700
City Ponte Vedra Beach	State FL	Zip Code 32082-1852
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	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas S. Godfrey		Date of Receipt M / D / Y Y Y Y 10 / 12 / 2004
Mailing Address 2012 8th Court South		Transaction ID: 10221801
City Birmingham	State AL	Zip Code 35205-2739
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Birmingham Podiatry, PC	Occupation Podiatrist	Aggregate Year-to-Date ▼ 1800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Henry M. Ash		Date of Receipt M / D / Y Y Y Y 10 / 13 / 2004
Mailing Address 1242 Westchester Dr.		Transaction ID: 10225845
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	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

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 12 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Carlton E. Newman</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 7502 Stonecliff Dr.		Transaction ID: 10226032
City Austin	State TX	Zip Code 78731-1518
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	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul A. Sommer</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address Boca Podiatry Group 1353 W. Palmetto Rd.		Transaction ID: 10225840
City Boca Raton	State FL	Zip Code 33486
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Boca Podiatry Group	Occupation Podiatrist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Kennon J. Martin</b>		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address 13818 Comice Ct.		Transaction ID: 10225837
City Chico	State CA	Zip Code 95573-9255
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	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	900.00
TOTAL This Period (last page this line number only) .....	▶	4198.00

**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 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. Charles A. Gonzalez Congressional Campaign**

Mailing Address P.O. Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2004 General Election

Candidate Name  
Charlie A. Gonzalez

Office Sought:  House  Senate  President  
State: TX District: 20

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

Transaction ID: 10204411  
Date of Disbursement  
10 / 04 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type  
2004 General Election

Full Name (Last, First, Middle Initial)  
**B. Jesse Jackson Jr For Congress Committee**

Mailing Address 7016 S. Euclid Avenue

City Chicago State IL Zip Code 60640

Purpose of Disbursement  
2004 General Election

Candidate Name  
Rep. Jesse L. Jackson, Jr.

Office Sought:  House  Senate  President  
State: IL District: 2

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

Transaction ID: 10204410  
Date of Disbursement  
10 / 04 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type  
2004 General Election

Full Name (Last, First, Middle Initial)  
**C. Citizens For Arlen Specter**

Mailing Address 428 C Street Ne Carriage House  
Carriage House

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2004 General Election

Candidate Name  
Sen. Arlen Specter

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

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

Transaction ID: 10204415  
Date of Disbursement  
10 / 04 / 2004

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type  
2004 General Election

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **5000.00**

**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. Darlene Hooley For Congress

Mailing Address 6404 Failing St

City State Zip Code  
West Linn OR 97088

Purpose of Disbursement  
2004 General Election

Candidate Name  
Darlene Hooley

Office Sought:  House  Senate  President  
Disbursement For: 2004 Primary General  
 Other (specify) ▼  
2004 General

State: OR District 5

011  
Category/  
Type

Transaction ID: 10210834  
Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

2004 General Election

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

Mailing Address PO Box 6220

City State Zip Code  
Des Moines IA 50308

Purpose of Disbursement  
2004 General Election

Candidate Name  
Rep. Leonard L. Boswell

Office Sought:  House  Senate  President  
Disbursement For: 2004 Primary General  
 Other (specify) ▼  
2004 General

State: IA District 3

011  
Category/  
Type

Transaction ID: 10226922  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

2004 General Election

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

Mailing Address P.O. Box 6323

City State Zip Code  
Capitol Heights MD 20791

Purpose of Disbursement  
2004 General Election

Candidate Name  
Mr. Albert R. Wynn

Office Sought:  House  Senate  President  
Disbursement For: 2004 Primary General  
 Other (specify) ▼  
2004 General

State: MD District 4

011  
Category/  
Type

Transaction ID: 10226924  
Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

2004 General Election

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

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(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) <b>A. Langevin For Congress</b>			Transaction ID: 10226921 Date of Disbursement 10 / 13 / 2004		
Mailing Address 181-A Knight St			Amount of Each Disbursement this Period 1500.00		
City Warwick	State RI	Zip Code 02886	011 Category/ Type		
Purpose of Disbursement 2004 General Election			2004 General Election		
Candidate Name Rep. James R. Langevin					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary            General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General				
State: RI            District: 2					

Full Name (Last, First, Middle Initial) <b>B. Lampson for Congress</b>			Transaction ID: 10226925 Date of Disbursement 10 / 13 / 2004		
Mailing Address P.O. Box 21578			Amount of Each Disbursement this Period 1000.00		
City Beaumont	State TX	Zip Code 77720	011 Category/ Type		
Purpose of Disbursement 2004 General Election			2004 General Election		
Candidate Name Mr. Nick Lampson					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary            General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General				
State: TX            District: 9					

Full Name (Last, First, Middle Initial) <b>C. Steve Rothman For Congress Inc.</b>			Transaction ID: 10226923 Date of Disbursement 10 / 13 / 2004		
Mailing Address Post Office Box 714			Amount of Each Disbursement this Period 1000.00		
City Hackensack	State NJ	Zip Code 07802	011 Category/ Type		
Purpose of Disbursement 2004 General Election			2004 General Election		
Candidate Name Steven Rothman					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary            General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General				
State: NJ            District: 9					

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **3500.00**

**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Pryce For Congress</b>		Transaction ID: 10226928 Date of Disbursement 10 / 13 / 2004	
Mailing Address 145 E. Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Deborah Pryce	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 15			

Full Name (Last, First, Middle Initial) <b>B. Friends Of John Conyers</b>		Transaction ID: 10226916 Date of Disbursement 10 / 13 / 2004	
Mailing Address 12138 Central Ave Ste 194		Amount of Each Disbursement this Period 1000.00	
City Mitchelville State MD Zip Code 20721	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. John Conyers, Jr.	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District 14			

Full Name (Last, First, Middle Initial) <b>C. Van Hollen For Congress</b>		Transaction ID: 10226919 Date of Disbursement 10 / 13 / 2004	
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 1000.00	
City Kennington State MD Zip Code 20895	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Chris Van Hollen	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District 8			

**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) <b>A. Musgrave For Congress</b>		Transaction ID: 10226926 Date of Disbursement 10 / 13 / 2004	
Mailing Address 5401 Stone Creek Circle Suite 777		Amount of Each Disbursement this Period 1000.00	
City Loveland State CO Zip Code 80538	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. Marilyn Musgrave	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District 4			

Full Name (Last, First, Middle Initial) <b>B. Iowans For Jim Leach</b>		Transaction ID: 10226917 Date of Disbursement 10 / 13 / 2004	
Mailing Address 103 E College St Ste 310 103 E College St Ste 310		Amount of Each Disbursement this Period 500.00	
City Iowa City State IA Zip Code 52240	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Rep. James A. Leach	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District 2			

Full Name (Last, First, Middle Initial) <b>C. Mitakides For Congress</b>		Transaction ID: 10226920 Date of Disbursement 10 / 13 / 2004	
Mailing Address 2090 South Patterson		Amount of Each Disbursement this Period 500.00	
City Dayton State OH Zip Code 45404	Purpose of Disbursement 2004 General Election	011 Category/ Type	2004 General Election
Candidate Name Louella Mitakides	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 General		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District 3			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>17500.00</b>