

**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:	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Due On:	<input checked="" type="checkbox"/> Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly Report(Q2)			Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
October 15 Quarterly Report(Q3)		(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
January 31 Quarterly Report(YE)			Convention (12C)			
July 31 Mid-Year Report(Non-election Year Only) (MY)			Election on			in the State of
Termination Report (TER)		(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
			Election on			in the State of

5. Covering Period 02 01 2003 through 02 28 2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Gerald Peterson, DPM

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 03 17 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							
-----------------	--	--	--	--	--	--	--

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: ^M02 ^D01 ^Y2003 To: ^M02 ^D28 ^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	331549.93	
(c) Total Receipts (from Line 19)	22211.20	75970.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	353761.13	364369.29
7. Total Disbursements (from Line 31)	16135.94	26744.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	337625.19	337625.19
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M02 ⁻01 ⁻2003 To: ^M02 ⁻28 ⁻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)	8000.00	
(ii) Unitemized	9726.81	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	17726.81	66733.84
(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)	17726.81	66733.84
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.)	4484.39	9236.75
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))	22211.20	75970.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22211.20	75970.59

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.....	135.94	244.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	135.94	244.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	26500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16135.94	26744.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	16135.94	26744.10

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)	17726.81	66733.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17726.81	66733.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	135.94	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)	135.94	244.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. David K. Crshaw		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address 1155 Pocatello Creek Rd.		Transaction ID: 7815301
City Pocatello	State ID	Zip Code 83201-2849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Valley Foot & Ankle	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert E. Sharnan		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address 484D Main St.		Transaction ID: 7815289
City Stratford	State CT	Zip Code 06614-3634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Stratford Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. James M. Flynn		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address 10218 Mantle Ct.		Transaction ID: 7815303
City Oklahoma City	State OK	Zip Code 73162-4437
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 F3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Gary A. Raymond		Date of Receipt M / D / Y 02 / 05 / 2003
Mailing Address Rd. 4 Box 148		Transaction ID: 7815329
City Hollidaysburg	State PA	Zip Code 16648-0262
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. Tara L. F. Blessingame		Date of Receipt M / D / Y 02 / 06 / 2003
Mailing Address 233D Colony		Transaction ID: 7815325
City Huntsville	State AL	Zip Code 35802-1342
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. Richard A. Armstrong		Date of Receipt M / D / Y 02 / 06 / 2003
Mailing Address 342A Gifford St.		Transaction ID: 7815320
City Falmouth	State MA	Zip Code 02540-2548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Falmouth Podiatry	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 F3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 21	
	<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. Kenneth C. Swayman		Date of Receipt M / D / Y 02 / 06 / 2003
Mailing Address 2741 Debarr Rd. #C-315		Transaction ID: 7815319
City Anchorage	State AK	Zip Code 99508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AK Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Ira Kraus		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 20 Dogwood Trl.		Transaction ID: 7837726
City Ringgold	State GA	Zip Code 30736-2725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Advanced Foot Care	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. William P. Crotty		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 5801 Park Ave.		Transaction ID: 7837727
City Fort Smith	State AR	Zip Code 72503-1428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Crotty Foot Clinic P.A.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 21	
	<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. Martin J. Fausse		Date of Receipt M / D / Y 02 / 11 / 2003
Mailing Address 4336 Choctaw Dr. S.W.		Transaction ID: 7815444
City Grandville	State MI	Zip Code 49418-1732
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. Joseph M. Hughes		Date of Receipt M / D / Y 02 / 11 / 2003
Mailing Address 12821 Olive St.		Transaction ID: 7815445
City Garden Grove	State CA	Zip Code 92645-2632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Los Alamitos Foot Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ronald G. Carvett		Date of Receipt M / D / Y 02 / 11 / 2003
Mailing Address 4025 University Ave.		Transaction ID: 7815446
City Waterloo	State IA	Zip Code 50701-5639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cedar Valley Podiatry	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 F3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 21	
	<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. Marc G. Mittelman		Date of Receipt M / D / Y 02 / 14 / 2003
Mailing Address 35 Country Meadows Rd.		Transaction ID: 7837709
City	State	Zip Code
Rolling Hills Esta	CA	90274-5773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bay Harbor Podiatry Group	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Joseph C. D'Amico		Date of Receipt M / D / Y 02 / 14 / 2003
Mailing Address 333 W. 57th St.		Transaction ID: 7837706
City	State	Zip Code
New York	NY	10019-3159
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. Ethel G. Sonnenbom		Date of Receipt M / D / Y 02 / 14 / 2003
Mailing Address 45 Sutton Pl. S. #16D		Transaction ID: 7837707
City	State	Zip Code
New York	NY	10022-2448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer 45 Sutton Pl. S. #16D	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Richard T. Dudzinski		Date of Receipt M / D / Y 02 / 18 / 2003
Mailing Address 83 Sterling St.		Transaction ID: 7857320
City Sugar Land	State TX	Zip Code 77479-2835
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. Patrick A. McShane		Date of Receipt M / D / Y 02 / 18 / 2003
Mailing Address 3414 S. Hall		Transaction ID: 7857328
City Springfield	State MO	Zip Code 65804-4800
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. David Y. S. Yee		Date of Receipt M / D / Y 02 / 18 / 2003
Mailing Address 98-1425 D Kaahumanu St.		Transaction ID: 7857322
City Aiea	State HI	Zip Code 96701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HI Foot Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 21	
	<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. Jay D. Lifshen		Date of Receipt M / D / Y 02 / 10 / 2003
Mailing Address 5708 Windmier Cir.		Transaction ID: 7890868
City Dallas	State TX	Zip Code 75252-5007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SW Podiatry L.L.P.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Lawrence R. Hufford		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 558B Hamilton Richmond Rd.		Transaction ID: 7857310
City Hamilton	State OH	Zip Code 45013-9721
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. Frank A. Spinosa		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address P.O. Box 72		Transaction ID: 7886087
City Shelter Island	State NY	Zip Code 11564-0072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Shelter Island Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Glenn S. Gold, Jr.		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address 444 N. 400 E.		Transaction ID: 7886065
City Bountiful	State UT	Zip Code 84010-4808
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. Bradford W. Glass		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address 4803 Island Dr.		Transaction ID: 7886075
City Midland	State TX	Zip Code 79707-1406
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. Mark Gauthier		Date of Receipt M / D / Y 02 / 24 / 2003
Mailing Address 702 23rd St		Transaction ID: 7886072
City Fort Madison	State IA	Zip Code 52627-4040
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 This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Dr. Robert J. Warkala		Date of Receipt M / D / Y 02 / 26 / 2003
Mailing Address 445 Hurffville-Crosskeys Rd. #B6		Transaction ID: 7888362
City Sewell	State NJ	Zip Code 08080-2319
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. James C. Anderson		Date of Receipt M / D / Y 02 / 28 / 2003
Mailing Address 5037 Saffron Ct.		Transaction ID: 7888437
City Fort Collins	State CO	Zip Code 80525-5548
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Poudre Valley Foot & Ankle Clinic	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard L. Rauch		Date of Receipt M / D / Y 02 / 28 / 2003
Mailing Address 144 Rome Dr.		Transaction ID: 7888059
City Martinsburg	State WV	Zip Code 25401-1473
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)	▶	8000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 21	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Advest, Inc.		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 7962751
City Avon	State CT	Zip Code 06001-3717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1271.09
Name of Employer Advest, Inc.	Occupation Investment Firm	interest income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2054.68	

Full Name (Last, First, Middle Initial) B. Advest, Inc.		Date of Receipt M / D / Y Y Y Y 02 / 28 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 7962759
City Avon	State CT	Zip Code 06001-3717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3213.30
Name of Employer Advest, Inc.	Occupation Investment Firm	gain on investments
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5267.98	

SUBTOTAL of Receipts This Page (optional)	▶	4484.39
TOTAL This Period (last page this line number only)	▶	4484.39

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 / 21

<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
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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. Advest, Inc.		Transaction ID: 7962752	
Mailing Address 17 W. Main Street		Date of Disbursement 02 / 28 / 2003	
City Avon	State CT	Zip Code 06001-2008	Amount of Each Disbursement this Period 135.94
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)	▶	135.94
TOTAL This Period (last page this line number only)	▶	135.94

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 17 / 21	
	<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

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. Re-Elect Nancy Johnson to Congress		Transaction ID: 7837751 Date of Disbursement 02 / 17 / 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. Gene Green Congressional Campaign		Transaction ID: 7837750 Date of Disbursement 02 / 17 / 2003	
Mailing Address P.O. Box 16128		Amount of Each Disbursement this Period 1000.00	
City Houston	State TX		Zip Code 77222
Purpose of Disbursement			011 Category/ Type
Candidate Name Mr. Gene Green			
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: 28		

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Transaction ID: 7837754 Date of Disbursement 02 / 17 / 2003	
Mailing Address P.O. Box 121		Amount of Each Disbursement this Period 1000.00	
City Hayward	State CA		Zip Code 94543
Purpose of Disbursement			011 Category/ Type
Candidate Name Mr. Pete Stark			
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: 13		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 / 21			
	<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		

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. Diana DeGette for Congress		Transaction ID: 7837747 Date of Disbursement 02 / 17 / 2003	
Mailing Address P.O. Box 61337			
City Denver	State CO	Zip Code 80206	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Diana DeGette			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: CO District: 1			

Full Name (Last, First, Middle Initial) B. Friends of Rosa DeLauro		Transaction ID: 7837746 Date of Disbursement 02 / 17 / 2003	
Mailing Address 49 Huntington St			
City New Haven	State CT	Zip Code 06511	Amount of Each Disbursement this Period 1000.00
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) C. A Lot of People for Dave Obey		Transaction ID: 7837753 Date of Disbursement 02 / 17 / 2003	
Mailing Address P.O. Box 1322			
City Wausau	State WI	Zip Code 54402	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. David R. Obey			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: WI District: 7			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 21			
	<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		

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. Upton for All of Us		Transaction ID: 7837745 Date of Disbursement 02 / 17 / 2003	
Mailing Address P.O. Box 490			
City St. Joseph	State MI	Zip Code 49085	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Fred Upton			
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 6			

Full Name (Last, First, Middle Initial) B. Friends for Houghton		Transaction ID: 7837745 Date of Disbursement 02 / 17 / 2003	
Mailing Address P.O. Box 1107			
City Coming	State NY	Zip Code 14830	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Amo Houghton			
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 31			

Full Name (Last, First, Middle Initial) C. Ryan For Congress		Transaction ID: 7837752 Date of Disbursement 02 / 17 / 2003	
Mailing Address P. O. Box 191B P. O. Box 1919			
City Janesville	State WI	Zip Code 53547	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Paul Ryan			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: WI District 1			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 20 / 21			
	<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		

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. Friends of Clay Shaw		Transaction ID: 7861791 Date of Disbursement 02 / 24 / 2003	
Mailing Address 2600 N.E. 14th Street Oswy			
City Pompano Beach	State FL	Zip Code 33062	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. E. Clay Shaw, 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: FL	District: 22		

Full Name (Last, First, Middle Initial) B. Daniel K. Inouye in 2004		Transaction ID: 7861796 Date of Disbursement 02 / 24 / 2003	
Mailing Address 841 Bishop St Ste 1601			
City Honolulu	State HI	Zip Code 06813	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Daniel K. Inouye			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: HI	District: 1		

Full Name (Last, First, Middle Initial) C. Simpson For Congress		Transaction ID: 7861790 Date of Disbursement 02 / 24 / 2003	
Mailing Address 788 Hoff Drive			
City Blackfoot	State ID	Zip Code 83221	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Michael K. Simpson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: ID	District: 2		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 21 / 21			
	<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		

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. Sam Brownback for U.S. Senate		Transaction ID: 7861792 Date of Disbursement 02 / 24 / 2003	
Mailing Address 2605 SW 21st St.			
City Topeka	State KS	Zip Code 66604	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Senator Sam Brownback			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: KS	District: D		

Full Name (Last, First, Middle Initial) B. Friends of Roger Wicker		Transaction ID: 7861793 Date of Disbursement 02 / 24 / 2003	
Mailing Address P.O. Box 874			
City Tupelo	State MS	Zip Code 38802	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Roger Wicker			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: MS	District: 1		

Full Name (Last, First, Middle Initial) C. Chambliss For Senate		Transaction ID: 7861793 Date of Disbursement 02 / 24 / 2003	
Mailing Address P.O. Box 4084			
City Macon	State GA	Zip Code 31208	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Saxby Chambliss			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002		
State: GA	District: 0		

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	16000.00