

**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 Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	<input checked="" type="checkbox"/> 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)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	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 08 01 2003 through 08 30 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 07 16 2003

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

Office Use Only							
-----------------	--	--	--	--	--	--	--

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From: ^M06 ^D01 ^Y2003 To: ^M06 ^D30 ^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	357865.28	
(c) Total Receipts (from Line 19)	19003.94	174806.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	376869.20	463205.45
<hr/>		
7. Total Disbursements (from Line 31)	30090.28	116426.53
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	346778.92	346778.92
<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: ^M06 ⁻01 ⁻2003 To: ^M06 ⁻30 ⁻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)	6160.00	
(ii) Unitemized	10116.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	16276.00	142047.50
(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)	16276.00	142047.50
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.)	2727.94	32759.25
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))	19003.94	174806.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19003.94	174806.75

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.....	90.28	339.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	90.28	339.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	116000.00
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))..	30090.28	116426.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	30090.28	116426.53

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)	16276.00	142047.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16276.00	142047.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	90.28	339.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90.28	339.93

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 25	
	<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. Gordon S. Hamblin		Date of Receipt M / D / Y 06 / 02 / 2003
Mailing Address 829D Marra Rd.		Transaction ID: 8322796
City Atascadero	State CA	Zip Code 93422-3854
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Dr. Subash K. Choudhary		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 310 Raven Rd.		Transaction ID: 8322852
City Greenville	State SC	Zip Code 29615-4248
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Piedmont Podiatry	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. David B. Alper		Date of Receipt M / D / Y 06 / 16 / 2003
Mailing Address 3 Oak Ave.		Transaction ID: 8358638
City Belmont	State MA	Zip Code 02478-2751
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)	800.00
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 7 / 25	
	(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) A. Dr. Deborah A. DeRose		Date of Receipt M / D / Y 06 / 17 / 2003
Mailing Address 880 Old Post Rd.		Transaction ID: 8345856
City Fairfield	State CT	Zip Code 06824-8403
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. Henry N. Merril, Jr.		Date of Receipt M / D / Y 06 / 17 / 2003
Mailing Address 285D N.E. 60th St.		Transaction ID: 8345849
City Fort Lauderdale	State FL	Zip Code 33308-2736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Lauderdale Foot Care Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. David Brian Day		Date of Receipt M / D / Y 06 / 17 / 2003
Mailing Address 281B Pacific View Trl.		Transaction ID: 8358844
City Los Angeles	State CA	Zip Code 90068-2048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	760.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 25	
	<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. Michael Charles Edwards, Jr.		Date of Receipt M / D / Y 06 / 17 / 2003
Mailing Address 1084 S. Ribaut Rd. #A		Transaction ID: 8358646
City Beaufort	State SC	Zip Code 29902-5497
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Podiatry Associates PA	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Michael R. Bourne		Date of Receipt M / D / Y 06 / 19 / 2003
Mailing Address 828D 21st St. N.		Transaction ID: 8358630
City Lake Elmo	State MN	Zip Code 55042-8409
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 M. Hofacker		Date of Receipt M / D / Y 06 / 19 / 2003
Mailing Address 50 Sand Run Rd.		Transaction ID: 8358628
City Akron	State OH	Zip Code 44313-6200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 25	
	<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. Oliver S. Foster		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 3756 Santa Rosalia Dr. #302		Transaction ID: 8359608
City Los Angeles	State CA	Zip Code 90008-3615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Bakatin Hills Foot & Ankle Center	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Kenneth E. Sengpiel		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 2104 Elgin Pl.		Transaction ID: 8359652
City Lexington	State KY	Zip Code 40515-1171
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 B. Tucker		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 1331 Tallowee Rd.		Transaction ID: 8379829
City Eden	State NC	Zip Code 27288-9505
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)	300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25	
	(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) A. Dr. Gabriel J. Halperin		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address P.O. Box 629		Transaction ID: 8380966
City Los Angeles	State CA	Zip Code 91754
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. William Francis McCarron		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 16 Bowie Pl.		Transaction ID: 8378916
City Irvine	State CA	Zip Code 92602-0760
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) C. Dr. Martin E. Kama		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 649B San Michel Way		Transaction ID: 8377479
City Delray Beach	State FL	Zip Code 33484-6567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 25	
	<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. Michael J. Bal		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 11858 N.W. 11th Pl.		Transaction ID: 8377637
City Coral Springs	State FL	Zip Code 33071-5036
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. Richard Lynn Rupp		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 2400 Cinco Casitas		Transaction ID: 8378906
City La Crescenta	State CA	Zip Code 91214-3005
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. Barry J. Drossner		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 3722 N.E. 200th St		Transaction ID: 8377636
City Aventura	State FL	Zip Code 33180-5064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 25	
	<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 S. McCoy		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 11834 Hamrick Pl.		Transaction ID: 8377478
City Jacksonville	State FL	Zip Code 32223-0708
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. Stephen C. Wan		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 3221 Blume Dr.		Transaction ID: 8378911
City Rossmore	State CA	Zip Code 90720-4812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer W. Torrance Podiatrists Group Inc.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary Zinkh		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 5340 N.W. 125 Avenue		Transaction ID: 8377648
City Coral Springs	State FL	Zip Code 33078-5407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 25	
	(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

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. Carla Isabel Docherty		Date of Receipt M / D / Y 06 / 30 / 2003	
Mailing Address 3800 J. St. #200		Transaction ID: 8379890	
City Sacramento	State CA	Zip Code 95816-5551	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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)	▶	6160.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 25	
	<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 06 / 30 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 8469245
City Avon	State CT	Zip Code 06001-4705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1667.13
Name of Employer Advest, Inc.	Occupation Investment Firm	interest income
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 27729.67	

Full Name (Last, First, Middle Initial) B. Advest, Inc.		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 17 W. Main Street		Transaction ID: 8469365
City Avon	State CT	Zip Code 06001-4705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1060.81
Name of Employer Advest, Inc.	Occupation Investment Firm	gain on investments
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 28790.48	

SUBTOTAL of Receipts This Page (optional)	▶	2727.94
TOTAL This Period (last page this line number only)	▶	2727.94

**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 / 25

<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

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: B489248	
Mailing Address 17 W. Main Street		Date of Disbursement 06 / 30 / 2003	
City Avon	State CT	Zip Code 06001-2008	Amount of Each Disbursement this Period 90.28
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)	▶	90.28
TOTAL This Period (last page this line number only)	▶	90.28

**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 / 25	
	<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. Whitfield for Congress Committee		Transaction ID: B321392 Date of Disbursement 06 / 03 / 2003	
Mailing Address 200 E. 9th Street			
City Hopkinsville	State KY	Zip Code 42240	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Edward Whitfield			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: KY District 1			

Full Name (Last, First, Middle Initial) B. Darlene Hooley For Congress		Transaction ID: B321392 Date of Disbursement 06 / 03 / 2003	
Mailing Address 6404 Failing St			
City West Linn	State OR	Zip Code 97068	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Darlene Hooley			
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 5			

Full Name (Last, First, Middle Initial) C. Friends of Chris Dodd		Transaction ID: B321395 Date of Disbursement 06 / 03 / 2003	
Mailing Address 238 Massachusetts Ave., NE Suite 209			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Senator Christopher J. Dodd			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: CT District 1			

SUBTOTAL of Disbursements This Page (optional)	▶	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 17 / 25	
	<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. Nethercutt For Congress		Transaction ID: B321391 Date of Disbursement 06 / 03 / 2003	
Mailing Address P.O. Box 1925			
City Spokane	State WA	Zip Code 99201	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name George R. Nethercutt, Jr.			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: WA	District: 5		

Full Name (Last, First, Middle Initial) B. Abercrombie Back to Congress Committee		Transaction ID: B321390 Date of Disbursement 06 / 03 / 2003	
Mailing Address 1357 Kapiolani Blvd.			
City Honolulu	State HI	Zip Code 06822	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Neil Abercrombie			
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. Friends of Jennifer B. Dunn		Transaction ID: 8321394 Date of Disbursement 06 / 03 / 2003	
Mailing Address P.O. Box 40110			
City Bellevue	State WA	Zip Code 98004	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Ms. Jennifer Dunn			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: WA	District: 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)				PAGE 18 / 25			
	<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. Donald A. Manzullo For Congress		Transaction ID: B321396 Date of Disbursement 06 / 03 / 2003	
Mailing Address PO Box 7783			
City Rockford	State IL	Zip Code 61125	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Donald Manzullo			
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: 16		

Full Name (Last, First, Middle Initial) B. Michaud For Congress		Transaction ID: B321396 Date of Disbursement 06 / 03 / 2003	
Mailing Address 213 Lisbon Street 11 Bangor Mall Blvd Suite D			
City Lowiston	State ME	Zip Code 04240	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Michael Michaud			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: ME	District: 2		

Full Name (Last, First, Middle Initial) C. Jim Gerlach For Congress Committee		Transaction ID: B321397 Date of Disbursement 06 / 03 / 2003	
Mailing Address B11 Welsh Ayres Way			
City Downingtawn	State PA	Zip Code 19335	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Jim Gerlach			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: PA	District: 6		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 25			
	<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: B3477D9 Date of Disbursement 06 / 14 / 2003	
Mailing Address P.O. Box 1968			
City New Britain	State CT	Zip Code 06050	Amount of Each Disbursement this Period 1000.00
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. Friends of Lois Capps		Transaction ID: B347717 Date of Disbursement 06 / 14 / 2003	
Mailing Address PO Box 23840			
City Santa Barbara	State CA	Zip Code 93121	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Lois Capps			
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: 22		

Full Name (Last, First, Middle Initial) C. Voinovich for Senate Committee		Transaction ID: B347722 Date of Disbursement 06 / 14 / 2003	
Mailing Address 25201 Chagrin Blvd			
City Cleveland	State OH	Zip Code 44122	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name George V. Voinovich			
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: 1		

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 20 / 25	
	<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. Burr for Congress		Transaction ID: B347716 Date of Disbursement 06 / 14 / 2003	
Mailing Address P.O. Box 5732			
City Winston-Salem	State NC	Zip Code 27113	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: NC District 5			

Full Name (Last, First, Middle Initial) B. Levin for Congress		Transaction ID: B347698 Date of Disbursement 06 / 14 / 2003	
Mailing Address 30636 Dequindre			
City Warren	State MI	Zip Code 48002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Sander M. Levin			
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 12			

Full Name (Last, First, Middle Initial) C. Sandlin for Congress		Transaction ID: B347700 Date of Disbursement 06 / 14 / 2003	
Mailing Address P.O. Box 1281			
City Marshall	State TX	Zip Code 75871	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Max Sandlin			
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 1			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 21 / 25			
	<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. Mike DeWine for U.S. Senate			Transaction ID: B347721 Date of Disbursement 06 / 14 / 2003		
Mailing Address PO BOX 340188					
City Columbus	State OH	Zip Code 43234	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement		011 Category/ Type			
Candidate Name Senator Mike DeWine					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio				
State: OH	District: 2				

Full Name (Last, First, Middle Initial) B. Simpson For Congress			Transaction ID: B347710 Date of Disbursement 06 / 14 / 2003		
Mailing Address 786 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				

Full Name (Last, First, Middle Initial) C. Friends of Byron Dorgan			Transaction ID: B347719 Date of Disbursement 06 / 14 / 2003		
Mailing Address P.O. Box 871					
City Bismark	State ND	Zip Code 58502	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement		011 Category/ Type			
Candidate Name Byron L. Dorgan					
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio				
State: ND	District: 0				

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 22 / 25	
	<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. Allen for Congress		Transaction ID: B3477D8 Date of Disbursement 06 / 14 / 2003	
Mailing Address 85 Preble St. PO Box 17766		Amount of Each Disbursement this Period 1000.00	
City Portland	State ME	Zip Code 04112	011 Category/ Type
Purpose of Disbursement		Candidate Name Thomas H. Allen	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: ME	District: 1		

Full Name (Last, First, Middle Initial) B. Boozman For Congress		Transaction ID: B3476B6 Date of Disbursement 06 / 14 / 2003	
Mailing Address PO Box 671		Amount of Each Disbursement this Period 1000.00	
City Rogers	State AR	Zip Code 72757	011 Category/ Type
Purpose of Disbursement		Candidate Name Rep. John Boozman	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: AR	District: 3		

Full Name (Last, First, Middle Initial) C. Mac Collins For Congress		Transaction ID: B347701 Date of Disbursement 06 / 14 / 2003	
Mailing Address P.O. Box 35		Amount of Each Disbursement this Period 1000.00	
City Jonesboro	State GA	Zip Code 30237	011 Category/ Type
Purpose of Disbursement		Candidate Name Rep. Mac Collins	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio		
State: GA	District: 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)				PAGE 23 / 25	
	<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. Feinstein For Senate		Transaction ID: B347718 Date of Disbursement 06 / 14 / 2003	
Mailing Address 601 S. Glencaks Blvd., Suite 208		Amount of Each Disbursement this Period 1000.00	
City Burbank	State CA	Zip Code 91502	011 Category/ Type
Purpose of Disbursement		Candidate Name Sen. Dianne Feinstein	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
State: CA	District: 1		

Full Name (Last, First, Middle Initial) B. Rogers For Congress		Transaction ID: B360590 Date of Disbursement 06 / 23 / 2003	
Mailing Address 6899 Corrigan Drive		Amount of Each Disbursement this Period 1000.00	
City Brighton	State MI	Zip Code 48116	011 Category/ Type
Purpose of Disbursement		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) C. Martin Frost Campaign Committee		Transaction ID: 8360121 Date of Disbursement 06 / 23 / 2003	
Mailing Address P.O. Box 4219		Amount of Each Disbursement this Period 1500.00	
City Dallas	State TX	Zip Code 75208	011 Category/ Type
Purpose of Disbursement		Candidate Name Mr. Martin Frost	
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: 24		

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)				PAGE 24 / 25	
	<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. Hulshof for Congress		Transaction ID: B380009 Date of Disbursement 06 / 23 / 2003		
Mailing Address P.O. Box 1621		Amount of Each Disbursement this Period 2500.00		
City Columbia	State MO			Zip Code 65205
Purpose of Disbursement				011 Category/ Type
Candidate Name Mr. Kenny Hulshof				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio			
State: MO District 9				

Full Name (Last, First, Middle Initial) B. Committee To Re-Elect Vito Fossella		Transaction ID: B380792 Date of Disbursement 06 / 23 / 2003		
Mailing Address PO Box 131403 PO Box 060248		Amount of Each Disbursement this Period 1000.00		
City Staten Island	State NY			Zip Code 10313
Purpose of Disbursement				011 Category/ Type
Candidate Name Rep. Vito Fossella				
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 13				

Full Name (Last, First, Middle Initial) C. Re-Elect Nancy Johnson to Congress		Transaction ID: 8377657 Date of Disbursement 06 / 25 / 2003		
Mailing Address P.O. Box 1868		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				

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

<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

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. John Shadegg For Congress		Transaction ID: B377658 Date of Disbursement 06 / 25 / 2003
Mailing Address Po Box 45444		Amount of Each Disbursement this Period 1000.00
City Phoenix	State AZ	
Zip Code 85004		
Purpose of Disbursement	011 Category/ Type	
Candidate Name John Shadegg		
Office Sought: <input checked="" type="checkbox"/> House Senate President State: AZ District 4	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2004 Primary Electio	

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	30000.00