

**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) 9312 Old Georgetown Road
 Check if different than previously reported. (ACC) Bethesda MD 20814 1858

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00008639 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	12 03	2002	in the State of

5. Covering Period 10 17 2002 through 11 25 2002

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 12 04 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period: From: ^W 10 ^D 17 ^Y 2002 To: ^W 11 ^D 25 ^Y 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^W ^Y 2002		389550.56
(b) Cash on Hand at Beginning of Reporting Period	247869.30	
(c) Total Receipts (from Line 19)	34643.75	218654.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	282513.05	608204.83
7. Total Disbursements (from Line 30)	26433.87	352125.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	256079.18	256079.18
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^W10 ^D17 ^Y2002 To: ^W11 ^D25 ^Y2002

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)	8150.00	
(ii) Unitemized	25248.26	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33398.26	204569.26
(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 32, page 4)	33398.26	204569.26
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 36, page 4)	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.)	1245.49	14085.01
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	34643.75	218654.27
20. Total Federal Receipts (subtract Line 18 from Line 19)	34643.75	218654.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	33.87	146893.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	33.87	146893.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	195570.69
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.....	400.00	400.00
(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))..... ▶	400.00	400.00
29. Other Disbursements.....	0.00	9261.65
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	26433.87	352125.65
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	26433.87	352125.65
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	33398.26	204569.26
33. Total Contribution Refunds (from Line 28(d)).....	400.00	400.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	32998.26	204169.26
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	33.87	146893.31
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	33.87	146893.31

**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 5 / 23	
	<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

A. Full Name (Last, First, Middle Initial)
Dr. Brian Szabo

Mailing Address
4585 Hog Back Rd.

City State Zip Code
Hermitage PA 16148

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 7279356

B. Full Name (Last, First, Middle Initial)
Dr. Robert L. Behrands, Jr.

Mailing Address
1808-C Wildberry Dr.

City State Zip Code
Glenview IL 60025-1729

Date of Receipt
N M / D E / Y Y Y Y
10 / 17 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 7243035

C. Full Name (Last, First, Middle Initial)
Dr. David Allan Anderson

Mailing Address
Rt. 1 Box 136-18

City State Zip Code
Weston WV 26452

Date of Receipt
N M / D E / Y Y Y Y
10 / 18 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Foot Care Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 7279348

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 6 / 23

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Kirk W. Davis

Mailing Address

44 Monroe Dr.

City

State

Zip Code

Chambersburg

PA

17201-7914

Date of Receipt

N M / D E / Y Y Y Y
10 / 21 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7296013

Full Name (Last, First, Middle Initial)

B. Dr. Neal Kramer

Mailing Address

5775 Fresh Meadow Dr.

City

State

Zip Code

Macungie

PA

18062

Date of Receipt

N M / D E / Y Y Y Y
10 / 23 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer

Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7296038

Full Name (Last, First, Middle Initial)

C. Dr. Michael W. Ward

Mailing Address

1951 S. Grandview

City

State

Zip Code

Dubuque

IA

52003-7922

Date of Receipt

N M / D E / Y Y Y Y
10 / 24 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Dubuque Podiatry

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7297968

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Ruth Ann Cooper

Mailing Address
4415 Aicholtz Rd. #200

City State Zip Code
Cincinnati OH 45245-5135

Date of Receipt
N M / D E / Y Y Y Y
10 24 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: 7286328

B. Full Name (Last, First, Middle Initial)
Dr. Eric David Stamps

Mailing Address
503 North St.

City State Zip Code
Sausalito CA 94965

Date of Receipt
N M / D E / Y Y Y Y
10 28 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 7317177

C. Full Name (Last, First, Middle Initial)
Dr. Clinton R. Lowery

Mailing Address
142 Hickory Cir.

City State Zip Code
Imperial PA 15126

Date of Receipt
N M / D E / Y Y Y Y
10 28 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 7317169

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 8 / 23

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. David V. Chazan

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 0 / 2 8 / 2 0 0 2

35 Fairvale Dr.

City

State

Zip Code

Penfield

NY

14526

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

Rochester Foot Care Associates

Occupation

Podiatrist

Receipt For:

Primary

General

Aggregate Year-to-Date ▼

Other (specify) ▼

250.00

Transaction ID: 7317167

Full Name (Last, First, Middle Initial)

B. Dr. Paul S. Schwartz

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 0 / 2 8 / 2 0 0 2

1479 Ygnacio Valley Rd. #102

City

State

Zip Code

Walnut Creek

CA

94598-2945

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

Self Employed

Occupation

Podiatrist

Receipt For:

Primary

General

Aggregate Year-to-Date ▼

Other (specify) ▼

250.00

Transaction ID: 7317184

Full Name (Last, First, Middle Initial)

C. Dr. H. Scott Famy

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
1 0 / 2 8 / 2 0 0 2

Greenville Foot Health

2499 E. North St. Ext.

City

State

Zip Code

Greenville

SC

29615-1401

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

300.00

Name of Employer

Self Employed

Occupation

Podiatrist

Receipt For:

Primary

General

Aggregate Year-to-Date ▼

Other (specify) ▼

300.00

Transaction ID: 7294091

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 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Douglas E. Stabile

Mailing Address
1721 Financial Loop

City State Zip Code
Lake Ridge VA 22192-2459

Date of Receipt
N M / D E / Y Y Y Y
10 29 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lake Ridge Foot & Ankle Center Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 7294101

B. Full Name (Last, First, Middle Initial)
Dr. Ronald W. Hugar

Mailing Address
1814 N. Harlem Ave.

City State Zip Code
Elmwood Park IL 60635-4302

Date of Receipt
N M / D E / Y Y Y Y
10 29 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hugar Foot & Ankle Specialists Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7294325

C. Full Name (Last, First, Middle Initial)
Dr. Jay C. Goldstein

Mailing Address
2626 N.W. 83rd Pl.

City State Zip Code
Portland OR 97229-4151

Date of Receipt
N M / D E / Y Y Y Y
10 31 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7317287

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 10 / 23	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Warren E. Kaplan

Mailing Address
67 W. Canadian Woods Rd.

City State Zip Code
Manalapan NJ 07726-2748

Date of Receipt
M M / D D / Y Y Y Y
11 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7345739

B. Full Name (Last, First, Middle Initial)
Dr. Edward Fryman

Mailing Address
3850 Merrick Rd.

City State Zip Code
Seaford NY 11783-2811

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Seaford Foot Care Center Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7334852

C. Full Name (Last, First, Middle Initial)
Dr. Timothy C. Ford

Mailing Address
4000 Hope Ct.

City State Zip Code
Louisville KY 40220-2231

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 7334862

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 11 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Chris C. Panagoulas

Mailing Address
3D Bates Dr.

City State Zip Code
Nashua NH 03064-1701

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 7334864

Full Name (Last, First, Middle Initial)
B. Dr. Rick F. Martin

Mailing Address
720 Aldinger Dr.

City State Zip Code
Dallastown PA 17313-9757

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 7334835

Full Name (Last, First, Middle Initial)
C. Dr. Mark M. Schlanosky

Mailing Address
119 Elking Rd.

City State Zip Code
Catskill NY 12414

Date of Receipt
M M / D D / Y Y Y Y
11 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7317463

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 23

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. John Guedera

Mailing Address

7B2 Norman Rd.

City

State

Zip Code

Ridgefield

NJ

07657-1320

Date of Receipt

N M / D E / Y Y Y Y
11 / 05 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7334840

Full Name (Last, First, Middle Initial)

B. Dr. Alan K. Meuser

Mailing Address

425 S. Sherrin Ave.

City

State

Zip Code

Louisville

KY

40207-4029

Date of Receipt

N M / D E / Y Y Y Y
11 / 07 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7334874

Full Name (Last, First, Middle Initial)

C. Dr. Phillip N. Burk

Mailing Address

10552 Garverdale Ct. #906

City

State

Zip Code

Boise

ID

83704

Date of Receipt

N M / D E / Y Y Y Y
11 / 15 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Foot & Ankle Medical Center

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7345852

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 13 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Raymond J. Malice

Mailing Address
8223 14th Ave.

City State Zip Code
Brooklyn NY 11228-3113

Date of Receipt
N M / D E / Y Y Y Y
11 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 7352666

B. Full Name (Last, First, Middle Initial)
Dr. James O. Hall

Mailing Address
2185 N. St. James

City State Zip Code
Cleveland Heights OH 44106-3328

Date of Receipt
N M / D E / Y Y Y Y
11 / 21 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 7353678

C. Full Name (Last, First, Middle Initial)
Dr. Oliver S. Foster

Mailing Address
3756 Santa Rosalia Dr. #302

City State Zip Code
Los Angeles CA 90008-3808

Date of Receipt
N M / D E / Y Y Y Y
11 / 21 / 2002

Amount of Each Receipt this Period
0.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Baldwin Hills Foot & Ankle Center Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$30-0.00

Transaction ID: 7413707

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 23

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. James G. Stickland

Mailing Address

438 Bay View Dr. N.E.

City

State

Zip Code

Saint Petersburg

FL

33704-2404

Date of Receipt

N M / D E / Y Y Y Y
11 / 21 / 2002

Amount of Each Receipt this Period

150.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7345878

Full Name (Last, First, Middle Initial)

B. Dr. Howard W. Hainstein

Mailing Address

21 Dell Cir.

City

State

Zip Code

Trumbull

CT

06611-2308

Date of Receipt

N M / D E / Y Y Y Y
11 / 21 / 2002

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7346849

Full Name (Last, First, Middle Initial)

C. Dr. Todd Raymond Miller

Mailing Address

1619 Willis Ave.

City

State

Zip Code

Perry

IA

50220

Date of Receipt

N M / D E / Y Y Y Y
11 / 21 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7353880

SUBTOTAL of Receipts This Page (optional) ▶

500.00

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 23	
	<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. Eric R. Hubbard

Mailing Address
3530 Weston

City State Zip Code
Long Beach CA 90807-3818

Date of Receipt
N M / D E / Y Y Y Y
11 / 21 / 2002

Amount of Each Receipt this Period
0.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling 5200.00 This changes the YTD Total to \$30-0.00
Transaction ID: 7413708

Full Name (Last, First, Middle Initial)
B. Dr. Bert Altrushofer

Mailing Address
P.O. Box 412

City State Zip Code
Holidaysburg PA 16648-0412

Date of Receipt
N M / D E / Y Y Y Y
11 / 25 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 7389365

C.

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	8150.00

**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 16 / 23
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" 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. Advest, Inc.

Mailing Address
17 W. Main Street

City State Zip Code
Avon CT 06001-3717

Date of Receipt
N M / D E / Y Y Y Y
10 31 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
1245.49

Name of Employer Occupation
Advest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 14085.01

Transaction ID: 7837165

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1245.49
TOTAL This Period (last page this line number only)	▶	1245.49

**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 / 23

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. Advest, Inc.</p> <p>Mailing Address 17 W. Main Street City Avon State CT Zip Code 06001-2008</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District: 0</p>		<p>Date of Disbursement 10th 31st 2002</p> <p>Amount of Each Disbursement this Period 33.87</p> <p>DD1 Category/ Type</p> <p>Disbursement For: Primary General Other (specify) ▼</p> <p>Transaction ID: 7337422</p>
---	--	---

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	33.87
TOTAL This Period (last page this line number only)	▶	33.87

**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 / 23

<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				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Democratic Senatorial Campaign Committee		10 / 27 / 2002	
Mailing Address		Amount of Each Disbursement this Period	
430 S. Capitol Street		5000.00	
City	State	Zip Code	
Washington	DC	20003	
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
DSCC			
Office Sought:	House	Disbursement For:	
	Senate	Primary General	
	President	Other (specify) ▼	
State:	District: 0	Transaction ID: 7298989	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Friends Of Mary Landrieu Inc		10 / 27 / 2002	
Mailing Address		Amount of Each Disbursement this Period	
503 Capitol Court, NE		1000.00	
City	State	Zip Code	
Washington	DC	20002	
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Mary L. Landrieu			
Office Sought:	House	Disbursement For: 2002	
	<input checked="" type="checkbox"/> Senate	Primary <input checked="" type="checkbox"/> General	
	President	Other (specify) ▼	
State: LA	District: 2	Transaction ID: 7298980	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Democratic Congressional Campaign Committee		10 / 27 / 2002	
Mailing Address		Amount of Each Disbursement this Period	
2nd Floor		5000.00	
430 S. Capitol Street			
City	State	Zip Code	
Washington	DC	20003	
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought:	House	Disbursement For:	
	Senate	Primary General	
	President	Other (specify) ▼	
State:	District: 0	Transaction ID: 7298012	

SUBTOTAL of Disbursements This Page (optional)	11000.00
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 / 23

<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				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee			Date of Disbursement 10 / 27 / 2002	
Mailing Address 320 First Street, S.E. City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name				
Office Sought: House Senate President	State: District: 0	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 7298894	

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee			Date of Disbursement 10 / 27 / 2002	
Mailing Address 320 First Street, S.E. City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name				
Office Sought: House Senate President	State: District: 0	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 7317078	

Full Name (Last, First, Middle Initial) C. Diane E Watson For Congress			Date of Disbursement 10 / 27 / 2002	
Mailing Address 6D1 S Glensaks Bl #211 City Burbank State CA Zip Code 91502			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name Rep. Diane Watson				
Office Sought: x House Senate President	State: CA District: 32	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7317072	

SUBTOTAL of Disbursements This Page (optional)	7000.00
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 / 23

<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				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Enzi For Us Senate		Date of Disbursement 10 / 27 / 2002	
Mailing Address PO Box 2775 City State Zip Code Cody WY 82414		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Michael Enzi		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House X Senate President		State: WY District: 2	
Transaction ID: 7317074			

Full Name (Last, First, Middle Initial) B. Ros-Lehtinen For Congress		Date of Disbursement 10 / 27 / 2002	
Mailing Address 1001 Brickell Bay Drive-9th Floor City State Zip Code Miami FL 33131		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Ileana Ros-Lehtinen		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: X House Senate President		State: FL District: 18	
Transaction ID: 7317075			

Full Name (Last, First, Middle Initial) C. Shaheen For Senate Committee		Date of Disbursement 10 / 27 / 2002	
Mailing Address 300 Bedford Street Suite 131 City State Zip Code Manchester NH 03101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Jeanne Shaheen		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House X Senate President		State: NH District: 2	
Transaction ID: 7298002			

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 / 23

<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				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Latham For Congress		Date of Disbursement 10 th / 27 th / 2002
Mailing Address PO Box 71 City State Zip Code Clarion IA 50525		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Candidate Name Rep. Tom Latham		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: IA District: 5	Transaction ID: 7299007	

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Date of Disbursement 10 th / 27 th / 2002
Mailing Address City State Zip Code		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
State: District: 0	Transaction ID: 7298999	

Full Name (Last, First, Middle Initial) C. Greenwood For Congress		Date of Disbursement 10 th / 30 th / 2002
Mailing Address 50 East Court Street PO Box 1775 50 East Court Street PO Box 1775 City State Zip Code Doylestown PA 18901		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement Void - Greenwood For Congress Candidate Name Rep. James Greenwood		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: PA District: 8	Void - Greenwood For Congress Transaction ID: 7298975	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 23

<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

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

A. Mandale for Senate

Full Name (Last, First, Middle Initial)
Mandale for Senate

Mailing Address
2341 University Ave West
City Saint Paul State MN Zip Code 55114

Purpose of Disbursement

Candidate Name
Walter Mandale

Office Sought: House Senate President
State: MN District: 0

Disbursement For: 2002
 Primary General
Other (specify) ▼

011
Category/
Type

Date of Disbursement
11 / 01 / 2002

Amount of Each Disbursement this Period
1000.00

Transaction ID: 7317D70

B. Coyne For Congress (William J Coyne)

Full Name (Last, First, Middle Initial)
Coyne For Congress (William J Coyne)

Mailing Address
33rd Floor Gulf Tower 707 Grant Street
City Pittsburgh State PA Zip Code 15222

Purpose of Disbursement
Void - Coyne For Congress (William J Coy)

Candidate Name
Rep. William Coyne

Office Sought: House Senate President
State: PA District: 14

Disbursement For: 2002
 Primary General
 Other (specify) ▼
2002 General Electio

011
Category/
Type

Date of Disbursement
11 / 06 / 2002

Amount of Each Disbursement this Period
-1000.00

Void - Coyne For Congress
(William J Coyne)

Transaction ID: 7317B02

C.

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	26000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 23

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Oliver S. Foster</p>		<p>Date of Disbursement 11 / 21 / 2002</p>	
<p>Mailing Address 3756 Santa Rosalia Dr. #302 City: Los Angeles State: CA Zip Code: 90008-3808</p>		<p>Amount of Each Disbursement this Period 200.00</p>	
<p>Purpose of Disbursement contribution refund</p>		<p>010 Category/ Type contribution refund</p>	
<p>Candidate Name</p>			
<p>Office Sought: House Senate President</p>	<p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 7411575</p>	
<p>State: District: 0</p>			

<p>B. Full Name (Last, First, Middle Initial) Dr. Eric R. Hubbard</p>		<p>Date of Disbursement 11 / 21 / 2002</p>	
<p>Mailing Address 3530 Weston City: Long Beach State: CA Zip Code: 90807-3818</p>		<p>Amount of Each Disbursement this Period 200.00</p>	
<p>Purpose of Disbursement contribution refund</p>		<p>010 Category/ Type contribution refund</p>	
<p>Candidate Name</p>			
<p>Office Sought: House Senate President</p>	<p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 7411578</p>	
<p>State: District: 0</p>			

C.

SUBTOTAL of Disbursements This Page (optional)	400.00
TOTAL This Period (last page this line number only)	400.00