

**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 NEW (N) OR X 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)	X 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				in the State of

5. Covering Period 08 01 2002 through 08 30 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 08 29 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: ^h06 ^d01 ^y2002 To: ^h06 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		389550.56
(b) Cash on Hand at Beginning of Reporting Period	454490.93	
(c) Total Receipts (from Line 19)	9309.21	139259.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	463800.14	528810.16
7. Total Disbursements (from Line 30)	146071.73	211081.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	317728.41	317728.41
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: ^{MM}06 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}2002

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)	3300.00	
(ii) Unitemized	4218.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7518.00	130718.00
(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)	7518.00	130718.00
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.)	1791.21	8541.60
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)	9309.21	139259.60
20. Total Federal Receipts (subtract Line 18 from Line 19)	9309.21	139259.60

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.....	136571.73	136581.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	136571.73	136581.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	74500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	146071.73	211081.75
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	146071.73	211081.75
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7518.00	130718.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7518.00	130718.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	136571.73	136581.75
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	136571.73	136581.75

**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 / 15

11a 11b 11c 12
 13 14 15 16 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. James E. Lisle

Mailing Address

1327 Pressler Ct. S.

City

State

Zip Code

Salem

OR

97306-2165

Date of Receipt

N M / D E / Y Y Y Y
06 / 03 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Cascade Foot Center

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6517946

Full Name (Last, First, Middle Initial)

B. Dr. John A. Marino

Mailing Address

2305 Victory Blvd.

City

State

Zip Code

Staten Island

NY

10314-6623

Date of Receipt

N M / D E / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Victory Podiatry

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6518165

Full Name (Last, First, Middle Initial)

C. Dr. Paul E. Bodamer, Sr.

Mailing Address

2345 Ridge Rd.

City

P.O. Box 1226

State

Zip Code

Darien

GA

31305-9797

Date of Receipt

N M / D E / Y Y Y Y
06 / 10 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Parkwood Podiatry Associates

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6528955

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 6 / 15	
	<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. Wayne A. Meyer

Mailing Address
6514 W. Robin Ln.

City State Zip Code
Glendale AZ 85310-4287

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 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: 6526953

B. Full Name (Last, First, Middle Initial)
Dr. Mary Anne McDowell, DPM

Mailing Address
1010 Tanzania Dr.

City State Zip Code
Roseville CA 95661-5386

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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: 6527041

C. Full Name (Last, First, Middle Initial)
Dr. Robert E. Sherman

Mailing Address
4640 Main St.

City State Zip Code
Stratford CT 06814-3834

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Stratford Podiatry Associates Occupation
Podiatrist

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

Transaction ID: 6516839

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)

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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. Stephen Perlmutter

Mailing Address

8 Lyme Regis

City

State

Zip Code

Cromwell

CT

06416

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
CT Foot Care Centers, L.L.C.

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6517001

Full Name (Last, First, Middle Initial)

B. Dr. Bruce E. Waxman

Mailing Address

29 Blackthorn Loop

City

State

Zip Code

Wappingers Falls

NY

12590-4226

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 2

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: 6537869

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey D. Gorfari

Mailing Address

925 Clifton Ave. #108

City

State

Zip Code

Clifton

NJ

07013-2724

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

50.00

FEC ID number of contributing
federal political committee.

Name of Employer
Clifton Foot & Ankle Center

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 6528282

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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. Nancy A. Kaplan

Mailing Address

52 Pitt Rd.

City

Springfield

State

NJ

Zip Code

07081

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 0 / 2 0 0 2

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: 6537966

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth E. Sengpiel

Mailing Address

2104 Elgin Pl.

City

Lexington

State

KY

Zip Code

40515-1171

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 4 / 2 0 0 2

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: 6562773

Full Name (Last, First, Middle Initial)

C. Dr. Hsiao-chun Yu

Mailing Address

780 S. Walnut St. #3

City

Las Cruces

State

NM

Zip Code

88001-1425

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Arroyo Foot & Ankle Clinic

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6537963

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 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. Douglas T. Gilis

Mailing Address

780 S. Walnut St. #3

City

State

Zip Code

Las Cruces

NM

88001-1425

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Arroyo Foot & Ankle Clinic

Occupation

Podiatrist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6537984

Full Name (Last, First, Middle Initial)

B. Dr. Anthony P. Tecca

Mailing Address

700 Riverside Dr.

City

State

Zip Code

Ormond Beach

FL

32176-7814

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 2

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: 6562779

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	3300.00

**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 10 / 15
	<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

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

Full Name (Last, First, Middle Initial)
A. Advest, Inc.

Mailing Address
17 W. Main Street

City Avon State CT Zip Code 06001-3717

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2002

FEC ID number of contributing federal political committee. 1791.21

Name of Employer Advest, Inc. Occupation Investment Firm

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 8541.60

Amount of Each Receipt this Period

Transaction ID: 6745671

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1791.21
TOTAL This Period (last page this line number only)	▶	1791.21

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

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

FOR LINE NUMBER:
(check only one)

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21b 22 23 24 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

Full Name (Last, First, Middle Initial) A. Advest, Inc.			Date of Disbursement 06 / 30 / 2002	
Mailing Address 17 W. Main Street City Avon State CT Zip Code 06001-4705			Amount of Each Disbursement this Period 2175.40	
Purpose of Disbursement Brokerage and Commission Fees			001 Category/ Type	
Candidate Name			Brokerage and Commission Fees	
Office Sought: House Senate President	State: District: 0	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 6746207	

Full Name (Last, First, Middle Initial) B. Advest, Inc.			Date of Disbursement 06 / 30 / 2002	
Mailing Address 17 W. Main Street City Avon State CT Zip Code 06001-4705			Amount of Each Disbursement this Period 134396.33	
Purpose of Disbursement Losses on Investments			001 Category/ Type	
Candidate Name			Losses on Investments	
Office Sought: House Senate President	State: District: 0	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 6746291	

C.

SUBTOTAL of Disbursements This Page (optional)	136571.73
TOTAL This Period (last page this line number only)	136571.73

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

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

FOR LINE NUMBER:
(check only one)

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

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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. Bill Nelson for US Senate		Date of Disbursement 06 / 06 / 2002	
Mailing Address 500 Red Sail Way City State Zip Code Satellite Beach FL 32937		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Bill Nelson		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 0	Transaction ID: 6515337	

Full Name (Last, First, Middle Initial) B. Henry E Brown Jr For Congress		Date of Disbursement 06 / 06 / 2002	
Mailing Address 1035 Dominion Drive City State Zip Code Hanahan SC 29408		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Henry Brown, Jr		Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: SC District: 1	Transaction ID: 6515332	

Full Name (Last, First, Middle Initial) C. Thurman for Congress		Date of Disbursement 06 / 06 / 2002	
Mailing Address P.O. Box 5058 City State Zip Code Inverness FL 34450		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Ms. Karen L. Thurman		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 6	Transaction ID: 6515333	

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

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

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

FOR LINE NUMBER:
(check only one)

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

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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. Napolitano for Congress		Date of Disbursement 06 / 06 / 2002
Mailing Address 555 Capitol Mall, Ste. 1425 City: Sacramento State: CA Zip Code: 95814		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Grace F. Napolitano	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: CA District: 34		Transaction ID: 6515334

Full Name (Last, First, Middle Initial) B. Don Sherwood For Congress		Date of Disbursement 06 / 06 / 2002
Mailing Address 41 Sherwood Lane City: Tunkhannock State: PA Zip Code: 18657		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Donald L. Sherwood	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: PA District: 10		Transaction ID: 6515338

Full Name (Last, First, Middle Initial) C. Friends of Dick Durbin		Date of Disbursement 06 / 13 / 2002
Mailing Address P.O. Box 1949 City: Springfield State: IL Zip Code: 62705		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Sen. Richard J. Durbin	011 Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: IL District: 2		Transaction ID: 6525624

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

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

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

FOR LINE NUMBER:
(check only one)

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

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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. Stupak for Congress		Date of Disbursement 06 / 13 / 2002	
Mailing Address P.O. Box 143 City Menominee		State MI	Zip Code 49858
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00	
Candidate Name Mr. Bart Stupak		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MI District: 1	Transaction ID: 6525631		

Full Name (Last, First, Middle Initial) B. Hobson For Congress Committee		Date of Disbursement 06 / 13 / 2002	
Mailing Address 333 North Limestone St. City Springfield		State OH	Zip Code 45503
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. David L. Hobson		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: OH District: 7	Transaction ID: 6525629		

Full Name (Last, First, Middle Initial) C. J.D. Hayworth for Congress		Date of Disbursement 06 / 13 / 2002	
Mailing Address P.O. Box 9207 City Mesa		State AZ	Zip Code 85214
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. J.D. Hayworth		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: AZ District: 8	Transaction ID: 6525636		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 15

<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

<p>Full Name (Last, First, Middle Initial)</p> <p>A. Michael Burgess For Congress</p>		<p>Date of Disbursement</p> <p>06 / 13 / 2002</p>	
<p>Mailing Address</p> <p>106 Highland Lake Dr</p> <p>City State Zip Code</p> <p>Highland Village TX 75077</p>		<p>Amount of Each Disbursement this Period</p> <p>1000.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name</p> <p>Mr. Michael Burgess</p>		<p>Disbursement For: 2002</p> <p>Primary X General</p> <p>Other (specify) ▼</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: TX District: 26</p>		<p>Transaction ID: 6525641</p>	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	9500.00