

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

NOV 4 11 58 AM '97

| | |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) American Podiatric Medical Association, Inc. Podiatry Political Action Committee | 2. DATE 11/3/97 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 9312 Old Georgetown Road | 3. FEC Identification Number C00008839 |
| (c) City, State and ZIP Code Bethesda, MD 20814-1698 | 4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____, and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------------|
| American Podiatric Medical Association, Inc. 9312 Old Georgetown Road Bethesda, MD 20814-1698 | | Connected Organiz. |
| Type of Connected Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation w/o Capital Stock <input type="checkbox"/> Labor Organization <input checked="" type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> Cooperative | | |

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name | Mailing Address | Title or Position |
|-------------------|-----------------|--|
| Faye B. Frankfort | Same as above | Associate Director, Governmental Affairs |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name | Mailing Address | Title or Position |
|-------------------------|-----------------|------------------------|
| Gerald D. Peterson, DPM | Same as above | Podiatric Practitioner |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
|--------------------------------|---|
| Advest, Inc. | 22 Waterville Road, Avon, CT 06001-2006 |
| First Union National Bank | P.O. Box 13327, Roanoke, VA 24040-7314 |

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

| | | |
|--|--|-----------------|
| TYPE OR PRINT NAME OF TREASURER Gerald D. Peterson, DPM | SIGNATURE OF TREASURER <i>John R. Carson</i> John R. Carson for Gerald D. Peterson | DATE 11/3/97 |
|--|--|-----------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.