

**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 X 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)	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)	
X	January 31 Quarterly Report(YE)	Report for the:	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 11 28 2002 through 12 31 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 04 15 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							
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SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: ^M 1 ^D 26 ^Y 2002 To: ^M 12 ^D 31 ^Y 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2002 ^M ^D		389550.56
(b) Cash on Hand at Beginning of Reporting Period	256079.18	
(c) Total Receipts (from Line 19)	36623.30	255277.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	292702.48	644828.13
7. Total Disbursements (from Line 31)	4303.78	356429.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	288398.70	288398.70
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M11 ^D26 ^Y2002 To: ^M12 ^D31 ^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)	5850.00	
(ii) Unitemized	17018.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	22868.00	227437.26
(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 33, page 5)	22868.00	227437.26
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 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.)	13755.30	27840.31
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))	36623.30	255277.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36623.30	255277.57

DETAILED SUMMARY PAGE

of Disbursements

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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.....	140.27	147033.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	140.27	147033.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	199570.69
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.....	0.00	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))..... ▶	0.00	400.00
29. Other Disbursements.....	163.51	9425.16
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))..	4303.78	356429.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4303.78	356429.43

DETAILED SUMMARY PAGE
of Disbursements

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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)	22868.00	227437.26
34. Total Contribution Refunds (from Line 28(d))	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22868.00	227037.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	140.27	147033.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	140.27	147033.58

**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 / 18	
	<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. Fred Marino		Date of Receipt M / D / Y 11 / 26 / 2002
Mailing Address 1034 Windsong Pl.		Transaction ID: 7353820
City Murfreesboro	State TN	Zip Code 37129
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. Keith J. Kalish		Date of Receipt M / D / Y 11 / 26 / 2002
Mailing Address 2500 Quincy Ave.		Transaction ID: 7353873
City Fort Pierce	State FL	Zip Code 34947-4766
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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) C. Dr. Jack S. Forman		Date of Receipt M / D / Y 11 / 26 / 2002
Mailing Address 6 W. View Dr.		Transaction ID: 7400805
City Flemington	State NJ	Zip Code 08822-5537
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 TN's Page (optional)	650.00
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 / 18	
	(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

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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. Robert C. Purdy		Date of Receipt M / D / Y 11 / 27 / 2002
Mailing Address 208 21st St. N.W.		Transaction ID: 7400357
City Canton	State OH	Zip Code 44709-3810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer 208 21st St. N.W.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Charles M. Kurzer		Date of Receipt M / D / Y 11 / 29 / 2002
Mailing Address 2 Wychwood Rd.		Transaction ID: 7402634
City Livingston	State NJ	Zip Code 07039-3627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer The FOOT Group	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael K. Lowe		Date of Receipt M / D / Y 11 / 29 / 2002
Mailing Address 1381 S. 1700 E.		Transaction ID: 7402636
City Salt Lake City	State UT	Zip Code 84108-2271
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 8/18	
	(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

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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. Maren Elizabeth Elze		Date of Receipt M / D / Y 12 / 10 / 2002
Mailing Address 1812 Dupont Ave. S.		Transaction ID: 7442928
City Minneapolis	State MN	Zip Code 55403-3067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer 1812 Dupont Ave. S.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Lansing P. Makusky		Date of Receipt M / D / Y 12 / 12 / 2002
Mailing Address 333 E. Hadley		Transaction ID: 7450946
City Dayton	State OH	Zip Code 45419-2611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Kattering Podiatry Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Scott E. Hughes		Date of Receipt M / D / Y 12 / 16 / 2002
Mailing Address 1060 N. Monroe St		Transaction ID: 7602612
City Monroe	State MI	Zip Code 48162-3113
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)	▶	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 9 / 18	
	<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. Thomas E. Sperto		Date of Receipt M / D / Y 12 / 17 / 2002
Mailing Address 140 Central Ave.		Transaction ID: 7451044
City Los Gatos	State CA	Zip Code 95030-7136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer 140 Central Ave.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark M. Schibansky		Date of Receipt M / D / Y 12 / 17 / 2002
Mailing Address 119 Elking Rd.		Transaction ID: 7451089
City Catskill	State NY	Zip Code 12414-6731
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey D. Gorfart		Date of Receipt M / D / Y 12 / 20 / 2002
Mailing Address 925 Clifton Ave. #108		Transaction ID: 7470212
City Clifton	State NJ	Zip Code 07013-2724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Clifton Foot & Ankle Cent- er	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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 10 / 18	
	<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

Full Name (Last, First, Middle Initial) A. Dr. Daniel Bangart		Date of Receipt M / D / Y 12 / 20 / 2002
Mailing Address 735D W. Pershing		Transaction ID: 7602458
City Peoria	State AZ	Zip Code 85381-6021
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. Charles M. Tirone		Date of Receipt M / D / Y 12 / 20 / 2002
Mailing Address 459 General Dr.		Transaction ID: 7470200
City Et Wright	State KY	Zip Code 41011-1863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Foot Specialists of Greater Cincinnati	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard J. Miller		Date of Receipt M / D / Y 12 / 23 / 2002
Mailing Address 240B Houston Branch Rd.		Transaction ID: 7615340
City Charlotte	State NC	Zip Code 28270-0777
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Carnel Foot Specialists P.A.	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 11 / 18	
	<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. Leonard Barton Mushkin		Date of Receipt M / D / Y 12 / 30 / 2002
Mailing Address 99 San Benancio Rd.		Transaction ID: 7602608
City Salinas	State CA	Zip Code 93908-9122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer 99 San Benancio Rd.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. James L. Nelson		Date of Receipt M / D / Y 12 / 30 / 2002
Mailing Address 9801 Savannah		Transaction ID: 7615771
City Lubbock	State TX	Zip Code 79424-5031
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer W. TX Foot Specialists	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Christopher Brennan Wieting		Date of Receipt M / D / Y 12 / 30 / 2002
Mailing Address 191D Deer Park Ave.		Transaction ID: 7615788
City Louisville	State KY	Zip Code 40205-1202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer KY Foot & Ankle Associates	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)	

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ITEMIZED RECEIPTS**

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

Full Name (Last, First, Middle Initial) A. Dr. William Har		Date of Receipt M / D / Y 12 / 30 / 2002
Mailing Address 205 Bally Shannon #502		Transaction ID: 7615765
City Melbourne Beach	State FL	Zip Code 32851-3141
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. Teresa N. Tobin		Date of Receipt M / D / Y 12 / 30 / 2002
Mailing Address 808 Dunburry Dr.		Transaction ID: 7615805
City Ambler	State PA	Zip Code 19002-1869
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Montgomery Podiatry Associates Inc.	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. Randal Marc Lepow		Date of Receipt M / D / Y 12 / 31 / 2002
Mailing Address 6355 Seawanee		Transaction ID: 7615804
City Houston	State TX	Zip Code 77005-5323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Lepow Podiatric Medical Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	825.00
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 / 18	
	<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

Full Name (Last, First, Middle Initial) A. Dr. Gary M. Lepow		Date of Receipt M / D / Y 12 / 31 / 2002
Mailing Address 1111 Hermann Dr. #25F		Transaction ID: 7615803
City Houston	State TX	Zip Code 77004-6832
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Lepow Podiatric Medical Associates	Occupation Podiatrist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	5850.00

**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 / 18	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" 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. <u>Advest, Inc.</u>		Date of Receipt M / D / Y 11 / 30 / 2002
Mailing Address <u>17 W. Main Street</u>		Transaction ID: <u>7443571</u>
City <u>Avon</u>	State <u>CT</u>	Zip Code <u>06001-4705</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1280.94
Name of Employer <u>Advest, Inc.</u>	Occupation <u>Investment Firm</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15365.95	

Full Name (Last, First, Middle Initial) B. <u>Advest, Inc.</u>		Date of Receipt M / D / Y 12 / 31 / 2002
Mailing Address <u>17 W. Main Street</u>		Transaction ID: <u>7754111</u>
City <u>Avon</u>	State <u>CT</u>	Zip Code <u>06001-4705</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1979.34
Name of Employer <u>Advest, Inc.</u>	Occupation <u>Investment Firm</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 17345.29	

Full Name (Last, First, Middle Initial) C. <u>Advest, Inc.</u>		Date of Receipt M / D / Y 12 / 31 / 2002
Mailing Address <u>17 W. Main Street</u>		Transaction ID: <u>7788450</u>
City <u>Avon</u>	State <u>CT</u>	Zip Code <u>06001-4705</u>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10495.02
Name of Employer <u>Advest, Inc.</u>	Occupation <u>Investment Firm</u>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10495.02	gain on investments

SUBTOTAL of Receipts This Page (optional)	13755.30
TOTAL This Period (last page this line number only)	13755.30

**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 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: 7754137	
Mailing Address 17 W. Main Street		Date of Disbursement 12 / 31 / 2002	
City Avon	State CT	Zip Code 06001-2008	Amount of Each Disbursement this Period 140.27
Purpose of Disbursement		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	140.27
TOTAL This Period (last page this line number only)	▶	140.27

**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 / 18			
	<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		

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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. Friends of Byron Dorgan			Transaction ID: 7411561 Date of Disbursement 11 / 26 / 2002		
Mailing Address P.O. Box 871			Amount of Each Disbursement this Period 1000.00		
City Bismark	State ND	Zip Code 58502			
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: D				

Full Name (Last, First, Middle Initial) B. Cardoza For Congress			Transaction ID: 7411558 Date of Disbursement 11 / 26 / 2002		
Mailing Address 5576 Zeiner Court			Amount of Each Disbursement this Period 1000.00		
City Atwater	State CA	Zip Code 95301			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. Dennis Cardoza					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002				
State: CA	District: 18				

Full Name (Last, First, Middle Initial) C. Michaud For Congress			Transaction ID: 7411560 Date of Disbursement 11 / 26 / 2002		
Mailing Address 213 Lisbon Street 11 Bangor Mall Blvd Suite D			Amount of Each Disbursement this Period 1000.00		
City Lewiston	State ME	Zip Code 04240			
Purpose of Disbursement		011 Category/ Type			
Candidate Name Mr. Michael Michaud					
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002				
State: ME	District: 2				

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	<input type="checkbox"/> 30b

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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. Norm Coleman For U S Senate		Transaction ID: 7411558 Date of Disbursement 11 / 26 / 2002		
Mailing Address 1412 Energy Park Drive #11		Amount of Each Disbursement this Period 1000.00		
City Saint Paul	State MN			Zip Code 55108
Purpose of Disbursement				011 Category/ Type
Candidate Name Mr. Norm Coleman				
Office Sought: House <input checked="" type="checkbox"/> Senate President State: MN District 2	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002			

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	4000.00

**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)

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

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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.		Transaction ID: 7443572	
Mailing Address 17 W. Main Street		Date of Disbursement 11 / 30 / 2002	
City Avon	State CT	Zip Code 06001-2008	Amount of Each Disbursement this Period 163.51
Purpose of Disbursement		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District D	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	▶	163.51
TOTAL This Period (last page this line number only)	▶	163.51