

**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  
 APMA 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  AMENDED (A)

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

5. Covering Period 06 01 2002 through 06 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 07 11 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.

Office Use Only

**FEC FORM 3X**  
(Revised 1/2001)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: 06 01 2002 To: 06 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 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

APMA Podiatry Political Action Committee

Report Covering the Period: From:

06 01 2002

To:

06 30 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)

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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.....	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	
	<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)  
APMA 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  
M M / D D / Y Y Y Y  
0 6 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cascade Foot Center Podiatrist

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

Transaction ID: 6517046

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Victory Podiatry Podiatrist

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

Transaction ID: 6518165

Full Name (Last, First, Middle Initial)  
**C. Dr. Paul E. Bodamer, Sr.**

Mailing Address  
2345 Ridge Rd. P.O. Box 1226  
City State Zip Code  
Darien GA 31305-9797

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Parkwood Podiatry Associates Podiatrist

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

Transaction ID: 6526955

**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)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Dr. Wayne A. Moyer**

Mailing Address  
6514 W. Robin Ln.  
City: Glendale State: AZ Zip Code: 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 6526953

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

Mailing Address  
1010 Tanzania Dr.  
City: Roseville State: CA Zip Code: 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 6527041

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

Mailing Address  
4640 Main St.  
City: Stratford State: CT Zip Code: 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 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)		PAGE 7 / 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)  
APMA 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  
06 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 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  
06 / 17 / 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: 6537869

Full Name (Last, First, Middle Initial)  
**C. Dr. Jeffrey D. Gorfart**

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  
06 / 18 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Clifton Foot & Ankle Center Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 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)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Dr. Nancy A. Kaplan**

Mailing Address  
52 Pitt Rd.  
City State Zip Code  
Springfield NJ 07081

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 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: 6537966

Full Name (Last, First, Middle Initial)  
**B. Dr. Kenneth E. Sengpiel**

Mailing Address  
2104 Elgin Pl.  
City State Zip Code  
Lexington KY 40515-1171

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 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: 6562773

Full Name (Last, First, Middle Initial)  
**C. Dr. Hsiao-chun Yu**

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  
06 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Arroyo Foot & Ankle Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 15	
	<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)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Dr. Douglas T. Gilis**

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 2

Mailing Address  
780 S. Walnut St #3

City State Zip Code  
Las Cruces NM 88001-1425

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Arroyo Foot & Ankle Clinic Podiatrist

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

Transaction ID: 6537984

Full Name (Last, First, Middle Initial)  
**B. Dr. Anthony P. Tocco**

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 2

Mailing Address  
700 Riverside Dr.

City State Zip Code  
Ormond Beach FL 32176-7814

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: 6562779

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>3300.00</b>

**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)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Advest, Inc. Date of Receipt  
Mailing Address  
17 W. Main Street N M / D C / Y Y Y Y  
06 30 2002  
City State Zip Code  
Avon CT 06001-3717 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 1791.21  
Name of Employer Occupation  
Advest, Inc. Investment Firm  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 8541.60 Transaction ID: 6745671

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1791.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1791.21</b>

**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 11 / 15

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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NAME OF COMMITTEE (In Full)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Advest, Inc.</b>			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>B. Advest, Inc.</b>			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: 6746201	

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>136571.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>136571.73</b>

**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 12 / 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)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Bill Nelson for US Senate</b>		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			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary   General Other (specify) ▼	Transaction ID: 6515337	
State: FL      District: 0			

Full Name (Last, First, Middle Initial) <b>B. Henry E Brown Jr For Congress</b>		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			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 6515332	
State: SC      District: 1			

Full Name (Last, First, Middle Initial) <b>C. Thurman for Congress</b>		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			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary   General Other (specify) ▼	Transaction ID: 6515333	
State: FL      District: 6			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 13 / 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)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Napolitano for Congress</b>		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>B. Don Sherwood For Congress</b>		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) <b>C. Friends of Dick Durbin</b>		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Stupak for Congress</b>		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>B. Hobson For Congress Committee</b>		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) <b>C. J.D. Hayworth for Congress</b>		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		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> 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)  
APMA Podiatry Political Action Committee

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

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9500.00</b>