

**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)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) X 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 PRElection Report for the: Primary (12P) General (12G) Runoff (12R)
 Termination Report (TER) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)
 Election on in the State of

5. Covering Period 07 01 2002 through 07 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 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.

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

Report Covering the Period: From: ^h07 ^D01 ^v2002 To: ^h07 ^D31 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		389550.56
(b) Cash on Hand at Beginning of Reporting Period	317728.41	
(c) Total Receipts (from Line 19)	7618.00	146877.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	325346.41	536428.16
7. Total Disbursements (from Line 30)	12750.00	223831.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	312596.41	312596.41
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}07 ^{DD}01 ^{YYYY}2002 To: ^{MM}07 ^{DD}31 ^{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)	2600.00	
(ii) Unitemized	5018.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7618.00	138336.00
(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)	7618.00	138336.00
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.)	0.00	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)	7618.00	146877.60
20. Total Federal Receipts (subtract Line 18 from Line 19)	7618.00	146877.60

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.....	0.00	136581.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	136581.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12750.00	87250.00
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)..... ▶	12750.00	223831.75
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	12750.00	223831.75
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7618.00	138336.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7618.00	138336.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	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)..... ▶	0.00	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 / 13	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Terry Ann Donovan

Mailing Address
3530 Stancliff Rd.

City State Zip Code
Clemmons NC 27012-9085

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carolina Foot Care Associates Podiatrist

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

Transaction ID: 6662771

Full Name (Last, First, Middle Initial)
B. Dr. Evelyn Cloud

Mailing Address
8211 Mar Del Plata St. E.

City State Zip Code
Jacksonville FL 32256-7349

Date of Receipt
M M / D D / Y Y Y Y
07 / 05 / 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: 6881143

Full Name (Last, First, Middle Initial)
C. Dr. Stephen C. Wan

Mailing Address
3221 Blume Dr.

City State Zip Code
Rossmoor CA 90720-4812

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W. Torrance Podiatrists Group, Inc. Podiatrist

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

Transaction ID: 6881153

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 / 13	
	<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. Stuart L. Tessler

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2002

Mailing Address
3 49th Ave.

City State Zip Code
Isle of Palms SC 29451-2609

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Charleston Podiatry Podiatrist

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

Transaction ID: 6773617

B. Full Name (Last, First, Middle Initial)
Dr. Eugene E. Spector

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Mailing Address
1291 Crestview Dr.

City State Zip Code
San Carlos CA 94070-4237

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 300.00

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 6788415

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Mailing Address
925 Clifton Ave. #108

City State Zip Code
Clifton NJ 07013-2724

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 50.00

Name of Employer Occupation
Clifton Foot & Ankle Center Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: 6788389

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 / 13	
	<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. Robert Paul Taylor

Mailing Address
10809 Canoe Rd.

City State Zip Code
Frisco TX 75035-7309

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 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: 6788382

Full Name (Last, First, Middle Initial)
B. Dr. Melissa Ann Monson

Mailing Address
45-F Division St.

City State Zip Code
Eugene OR 97404

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 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: 6788391

Full Name (Last, First, Middle Initial)
C. Dr. Michael Z. Fein

Mailing Address
15 Lakeview Dr.

City State Zip Code
Easton CT 06812

Date of Receipt
M M / D D / Y Y Y Y
07 / 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: 6790763

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 8 / 13

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. Thomas V. Johnson

Mailing Address

1073 Mapleton Ave.

City

State

Zip Code

Suffield

CT

06078-1332

Date of Receipt

N M / D E / Y Y Y Y
07 / 24 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Podiatry Care

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6790758

Full Name (Last, First, Middle Initial)

B. Dr. Gene J. Pusateri

Mailing Address

33 Redfern Dr.

City

State

Zip Code

Youngstown

OH

44505-1651

Date of Receipt

N M / D E / Y Y Y Y
07 / 26 / 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: 6801191

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	2600.00

**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 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. Inslae for Congress		Date of Disbursement 07 / 01 / 2002	
Mailing Address P.O. Box 33027 City State Zip Code Seattle WA 98033		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Jay Inslae		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: WA District: 1	
Transaction ID: 6562791			

Full Name (Last, First, Middle Initial) B. Geoff Davis 2002		Date of Disbursement 07 / 01 / 2002	
Mailing Address PO Box 17182 City State Zip Code Fort Mitchell KY 41017		Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Geoffrey Davis		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: KY District: 4	
Transaction ID: 6562788			

Full Name (Last, First, Middle Initial) C. Ed Bryant For U S Senate Inc		Date of Disbursement 07 / 01 / 2002	
Mailing Address 2000 Glen Echo Suite 107 City State Zip Code Nashville TN 37215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Edward Bryant		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: TN District: 2	
Transaction ID: 6562780			

SUBTOTAL of Disbursements This Page (optional) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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. Billy Tauzin Committee		Date of Disbursement 07 / 20 / 2002	
Mailing Address 550 South Van City Houma		State LA	Zip Code 70361
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. W.J. Tauzin		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: LA District: 3	Transaction ID: 6788467		

Full Name (Last, First, Middle Initial) B. Gene Green Congressional Campaign		Date of Disbursement 07 / 20 / 2002	
Mailing Address P.O. Box 16128 City Houston		State TX	Zip Code 77222
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. Gene Green		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: TX District: 29	Transaction ID: 6788469		

Full Name (Last, First, Middle Initial) C. Rangel for Congress		Date of Disbursement 07 / 20 / 2002	
Mailing Address 850 7th Avenue, #701 City New York		State NY	Zip Code 10019
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. Charles B. Rangel		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: NY District: 16	Transaction ID: 6788468		

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. Nethercutt For Congress		Date of Disbursement 07 / 20 / 2002
Mailing Address P.O. Box 1925 City Spokane		Amount of Each Disbursement this Period 1000.00
State WA	Zip Code 99201	
Purpose of Disbursement		Transaction ID: 6788465
Candidate Name George R. Nethercutt, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: WA District: 5	Category/ Type 011	

Full Name (Last, First, Middle Initial) B. Committee to Elect Mike McIntyre to Congress		Date of Disbursement 07 / 20 / 2002
Mailing Address 3780 Berkley Lane City Lumberton		Amount of Each Disbursement this Period 500.00
State NC	Zip Code 28358	
Purpose of Disbursement		Transaction ID: 6788455
Candidate Name Mr. Mike McIntyre		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NC District: 7	Category/ Type 011	

Full Name (Last, First, Middle Initial) C. Mike Ross for Congress Committee		Date of Disbursement 07 / 20 / 2002
Mailing Address PO Box 360 City Prescott		Amount of Each Disbursement this Period 1000.00
State AR	Zip Code 71857	
Purpose of Disbursement		Transaction ID: 6788466
Candidate Name Michael Avery Ross		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: AR District: 4	Category/ Type 011	

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)

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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. Tim Johnson For South Dakota Inc		Date of Disbursement 07 / 20 / 2002	
Mailing Address PO Box 1859 City: Sioux Falls State: SD Zip Code: 57101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Tim Johnson			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 6788462	
State: SD District: 2			

Full Name (Last, First, Middle Initial) B. McCotter Congressional Committee		Date of Disbursement 07 / 20 / 2002	
Mailing Address 38202 Lyndon City: Livonia State: MI Zip Code: 48154		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Thaddeus McCotter			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 6788472	
State: MI District: 11			

Full Name (Last, First, Middle Initial) C. Friends Of Joe Pitts		Date of Disbursement 07 / 20 / 2002	
Mailing Address P.O. Box 775 City: Unionville State: PA Zip Code: 19375		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Joseph Pitts			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 6788478	
State: PA District: 18			

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)

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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

<p>Full Name (Last, First, Middle Initial) A. Gerald C 'Jerry' Weller For Congress</p>		<p>Date of Disbursement 07 / 29 / 2002</p>	
<p>Mailing Address P.O. Box 687 City: Morris State: IL Zip Code: 60450</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name Mr. Gerald C. Jerry Weller</p>		<p>Transaction ID: 6804655</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: IL District: 11</p>			

<p>Full Name (Last, First, Middle Initial) B. Cardoza For Congress</p>		<p>Date of Disbursement 07 / 29 / 2002</p>	
<p>Mailing Address 5578 Zeiner Court City: Atwater State: CA Zip Code: 95301</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name Mr. Dennis Cardoza</p>		<p>Transaction ID: 6804657</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: CA District: 18</p>			

C.

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	12750.00