

**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 X NEW (N) OR 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)	Jul 20 (M7)	X 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 09 01 2002 through 09 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 10 17 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: ⁰⁹ ⁰¹ ²⁰⁰² To: ⁰⁹ 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	316661.02	
(c) Total Receipts (from Line 19)	12695.62	176915.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	329356.64	566466.08
7. Total Disbursements (from Line 30)	39582.34	276691.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	289774.30	289774.30
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}09 ^{DD}01 ^{YYYY}2002 To: ^{MM}09 ^{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)	6729.00	
(ii) Unitemized	4261.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10990.00	164076.00
(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)	10990.00	164076.00
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.)	1705.62	12839.52
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)	12695.62	176915.52
20. Total Federal Receipts (subtract Line 18 from Line 19)	12695.62	176915.52

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.....	0.00	146859.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	146859.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30320.69	120570.69
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	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.....	9261.65	9261.65
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	39582.34	276691.78
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	39582.34	276691.78
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	10990.00	164076.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	10990.00	164076.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	146859.44
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	146859.44

**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 / 25	
	<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. Thomas E. Pusterla

Mailing Address
945 Woodton St.

City State Zip Code
Boonton NJ 07005-1607

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 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: 6969017

Full Name (Last, First, Middle Initial)
B. Dr. David Roberson, Jr.

Mailing Address
840 Oak Grove Rd.

City State Zip Code
Birmingham AL 35209-6506

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 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: 7016448

Full Name (Last, First, Middle Initial)
C. Dr. Louise Ellen Tortora

Mailing Address
119 Chelsea St.

City State Zip Code
Fairfield CT 06430-4942

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2002

Amount of Each Receipt this Period
300.00

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) ▼ 300.00

Transaction ID: 6968804

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 6 / 25	
	<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. Ronald D. Jensen

Mailing Address
2608 Pinot lane

City State Zip Code
Modesto CA 95356-0616

Date of Receipt
M / D / Y
09 / 13 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Gould Medical Group Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 6978724

B. Full Name (Last, First, Middle Initial)
Dr. Douglas G. Stoker

Mailing Address
3885 Parkview Dr.

City State Zip Code
Salt Lake City UT 84124-2323

Date of Receipt
M / D / Y
09 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatry Center Podiatrist

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

Transaction ID: 7049738

C. Full Name (Last, First, Middle Initial)
Dr. Martin E. Kama

Mailing Address
6496 San Michel Way

City State Zip Code
Delray Beach FL 33484-6967

Date of Receipt
M / D / Y
09 / 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: 6995463

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 / 25	
	<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. Lawrence R. Gaston, Jr.

Mailing Address
4217 Wimbledon

City State Zip Code
Lawrence KS 66047-2034

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 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) ▼ 350.00

Transaction ID: 6993222

Full Name (Last, First, Middle Initial)
B. Dr. Henry N. Merritt, Jr.

Mailing Address
2850 N.E. 80th St.

City State Zip Code
Fort Lauderdale FL 33308-2736

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 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: 6995465

Full Name (Last, First, Middle Initial)
C. Dr. Eric Silverstein

Mailing Address
9 Coolidge Rd.

City State Zip Code
West Hartford CT 06117-2319

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 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: 6992478

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: PAGE 8 / 25

(check only one)

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. John F. D'Amico

Mailing Address

200 Clark Ave.

City

State

Zip Code

Branford

CT

06405-4732

Date of Receipt

N M / D E / Y Y Y Y
09 / 17 / 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: 6992483

Full Name (Last, First, Middle Initial)

B. Dr. Rex Smith

Mailing Address

1060 Chambers St.

City

State

Zip Code

Eugene

OR

97402-3745

Date of Receipt

N M / D E / Y Y Y Y
09 / 17 / 2002

Amount of Each Receipt this Period

149.00

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 ▼

249.00

Transaction ID: 6992503

Full Name (Last, First, Middle Initial)

C. Dr. C. Michael Irvin

Mailing Address

31 Blair Ct.

City

State

Zip Code

Waynesburg

PA

15370-8248

Date of Receipt

N M / D E / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Greene Podiatry Associates Inc.

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7016431

SUBTOTAL of Receipts This Page (optional) ▶ **699.00**

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 / 25	
	<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. Paul F. Raugellis

Mailing Address
31 Blair Ct.

City State Zip Code
Waynesburg PA 15370-8246

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Greene Podiatry Associates Inc. Podiatrist

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

Transaction ID: 7016438

B. Full Name (Last, First, Middle Initial)
Dr. Eric R. Hubbard

Mailing Address
3530 Weston

City State Zip Code
Long Beach CA 90807-3818

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
300.00

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) ▼ 300.00

Transaction ID: 7018291

C. Full Name (Last, First, Middle Initial)
Dr. Eric R. Hubbard

Mailing Address
3530 Weston

City State Zip Code
Long Beach CA 90807-3818

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2002

Amount of Each Receipt this Period
200.00

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) ▼ 500.00

Transaction ID: 7018293

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

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. John V. Vancore

Mailing Address

201 Meadow Wood Rd.

City

State

Zip Code

Gadsden

AL

35901

Date of Receipt

N M / D E / Y Y Y Y
09 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7129947

Full Name (Last, First, Middle Initial)

B. Dr. Neal J. Katz

Mailing Address

5 Pinehurst Cir.

City

State

Zip Code

Madison

WI

53717-1142

Date of Receipt

N M / D E / Y Y Y Y
09 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7129950

Full Name (Last, First, Middle Initial)

C. Dr. Kathleen M. Stone

Mailing Address

18807 N. 42nd Ave.

City

State

Zip Code

Glendale

AZ

85308-7527

Date of Receipt

N M / D E / Y Y Y Y
09 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7049734

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 11 / 25	
	<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

A. Full Name (Last, First, Middle Initial)
Dr. W. David Campbell

Mailing Address
599 Hidden Hollow Dr.

City State Zip Code
Merritt Island FL 32952-4065

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Merritt Island Foot & Ankle Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 7049733

B. Full Name (Last, First, Middle Initial)
Dr. Joan M. Meyer

Mailing Address
3240 Purer Rd.

City State Zip Code
Escondido CA 92029-7250

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 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: 7129825

C. Full Name (Last, First, Middle Initial)
Dr. Mark L. Yeake

Mailing Address
463 N.W. 21st Dr.

City State Zip Code
Pendleton OR 97801-1104

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Mountain Foot Specialists P.-C. Podiatrist

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

Transaction ID: 7129857

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 12 / 25

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. Steven B. Epstein

Mailing Address

1608 Ridgeway Dr.

City

Hewlett

State

NY

Zip Code

11557-1820

Date of Receipt

N M / D E / Y Y Y Y
09 / 26 / 2002

Amount of Each Receipt this Period

100.00

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: 7129824

Full Name (Last, First, Middle Initial)

B. Dr. Oliver S. Foster

Mailing Address

3756 Santa Rosalia Dr. #302

City

Los Angeles

State

CA

Zip Code

90008-3606

Date of Receipt

N M / D E / Y Y Y Y
09 / 26 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Baldwin Hills Foot & Ankle Center

Occupation

Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7137735

Full Name (Last, First, Middle Initial)

C. Dr. Oliver S. Foster

Mailing Address

3756 Santa Rosalia Dr. #302

City

Los Angeles

State

CA

Zip Code

90008-3606

Date of Receipt

N M / D E / Y Y Y Y
09 / 26 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Baldwin Hills Foot & Ankle Center

Occupation

Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7137736

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 14 / 25
	<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 State Zip Code
Avon CT 06001-3717

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advest, Inc. Investment Firm

Amount of Each Receipt this Period
1705.62

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 12839.52

Transaction ID: 7240207

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1705.62
TOTAL This Period (last page this line number only)	▶	1705.62

**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. Friends of Congressman Tim Holden		Date of Disbursement 09 / 04 / 2002	
Mailing Address 302 Mahantongo Street City: Pottsville State: PA Zip Code: 17901		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Tim Holden		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8		Transaction ID: 6989035	

Full Name (Last, First, Middle Initial) B. Phelps for Congress		Date of Disbursement 09 / 04 / 2002	
Mailing Address 209 North Vine City: Harrisburg State: IL Zip Code: 62948		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name David D. Phelps		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19		Transaction ID: 6989228	

Full Name (Last, First, Middle Initial) C. Tim Johnson for South Dakota -House		Date of Disbursement 09 / 04 / 2002	
Mailing Address P.O. Box 88113 City: Sioux Falls State: SD Zip Code: 57105		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Tim Johnson		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 1		Transaction ID: 6989227	

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. Pete Stark Re-Election Committee		Date of Disbursement 09 / 04 / 2002	
Mailing Address P.O. Box 121 City: Hayward State: CA Zip Code: 94543		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/Type	
Candidate Name Mr. Pete Stark		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 13	Transaction ID: 6989220	

Full Name (Last, First, Middle Initial) B. Congressman Bill Young Campaign Committee		Date of Disbursement 09 / 04 / 2002	
Mailing Address P.O. Box 47025 City: St. Petersburg State: FL Zip Code: 33743		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/Type	
Candidate Name C.W. Bill Young		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 10	Transaction ID: 6989224	

Full Name (Last, First, Middle Initial) C. Texans for Henry Bonilla		Date of Disbursement 09 / 04 / 2002	
Mailing Address 15843 Cloud Top City: San Antonio State: TX Zip Code: 78248		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/Type	
Candidate Name Mr. Henry Bonilla		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: 23	Transaction ID: 6989221	

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

<p>Full Name (Last, First, Middle Initial) A. Michael Burgess For Congress</p> <p>Mailing Address 106 Highland Lake Dr City Highland Village State TX Zip Code 75077</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement 09 / 04 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>Candidate Name Mr. Michael Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p>		<p>011 Category/ Type</p> <p>Transaction ID: 6989422</p>
<p>Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p>		

<p>Full Name (Last, First, Middle Initial) B. Julie Thomas For Congress Campaign Committee</p> <p>Mailing Address PO Box 2816 City Cedar Rapids State IA Zip Code 52408</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement 09 / 04 / 2002</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>Candidate Name Julianne Thomas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 2</p>		<p>011 Category/ Type</p> <p>Transaction ID: 6989219</p>
<p>Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼</p>		

<p>Full Name (Last, First, Middle Initial) C. Dutch Ruppertsberger For Congress</p> <p>Mailing Address 1850 York Rd., Ste J-Rear City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement 09 / 04 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>Candidate Name Dutch Ruppertsberger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2</p>		<p>011 Category/ Type</p> <p>Transaction ID: 6989222</p>
<p>Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p>		

SUBTOTAL of Disbursements This Page (optional)	4000.00
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. Murtha For Congress Committee</p>		<p>Date of Disbursement 09 / 04 / 2002</p>	
<p>Mailing Address 551 Main Street Suite 220 City: Johnstown State: PA Zip Code: 15801</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name Rep. John Murtha</p>		<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>		<p>Transaction ID: 6969082</p>	
<p>State: PA District: 12</p>			

<p>Full Name (Last, First, Middle Initial) B. Congressman Waxman Campaign Committee</p>		<p>Date of Disbursement 09 / 16 / 2002</p>	
<p>Mailing Address 8665 Wilshire Blvd. #220 City: Beverly Hills State: CA Zip Code: 90211</p>		<p>Amount of Each Disbursement this Period 2500.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name Mr. Henry A. Waxman</p>		<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>		<p>Transaction ID: 7020213</p>	
<p>State: CA District: 29</p>			

<p>Full Name (Last, First, Middle Initial) C. Citizens for Harkin</p>		<p>Date of Disbursement 09 / 16 / 2002</p>	
<p>Mailing Address P.O. Box 811 City: Des Moines State: IA Zip Code: 50304</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name Senator Tom Harkin</p>		<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>	
<p>Office Sought: House <input checked="" type="checkbox"/> Senate President</p>		<p>Transaction ID: 7020217</p>	
<p>State: IA District: 2</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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. Friends of Clay Shaw		Date of Disbursement 09 / 16 / 2002
Mailing Address 2600 N.E. 14th Street Cswy City Pompano Beach State FL Zip Code 33062		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Mr. E. Clay Shaw, Jr.	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: FL District: 22	Transaction ID: 7020142	

Full Name (Last, First, Middle Initial) B. Friends of Roy Blunt		Date of Disbursement 09 / 16 / 2002
Mailing Address P.O. Box 278 City Stratford State MO Zip Code 65757		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Mr. Roy Blunt	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: MO District: 7	Transaction ID: 7020211	

Full Name (Last, First, Middle Initial) C. J.D. Hayworth for Congress		Date of Disbursement 09 / 16 / 2002
Mailing Address P.O. Box 9207 City Mesa State AZ Zip Code 85214		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Mr. J.D. Hayworth	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: AZ District: 8	Transaction ID: 7020216	

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. Jean Carnahan For Missouri Committee		Date of Disbursement 09 / 16 / 2002	
Mailing Address PO Box 1627 City: Rolla State: MO Zip Code: 65402		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Jean Carnahan		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House X Senate President	State: MO District: 2	Transaction ID: 7020215	

Full Name (Last, First, Middle Initial) B. Wellstone For Senate		Date of Disbursement 09 / 16 / 2002	
Mailing Address PO Box 14377 City: St Paul State: MN Zip Code: 55114		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Paul Wellstone		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House X Senate President	State: MN District: 1	Transaction ID: 7020218	

Full Name (Last, First, Middle Initial) C. Volunteers For Shimkus		Date of Disbursement 09 / 16 / 2002	
Mailing Address P.O. Box 5458 PO Box 5458 City: Springfield State: IL Zip Code: 62705		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. John Shimkus		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: X House Senate President	State: IL District: 20	Transaction ID: 7020188	

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. Pryce For Congress		Date of Disbursement 09 / 16 / 2002	
Mailing Address 145 E. Rich Street City State Zip Code Columbus OH 43215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name Rep. Deborah Pryce		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 7020214

Full Name (Last, First, Middle Initial) B. Barolo Ristorante		Date of Disbursement 09 / 19 / 2002	
Mailing Address 223 Pennsylvania Ave. SE City State Zip Code Washington DC		Amount of Each Disbursement this Period 820.69	
Purpose of Disbursement In-kind contribution-hosted dinner Candidate Name Mr. J.D. Hayworth		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		In-kind contribution-host- ed dinner Transaction ID: 7243554

Full Name (Last, First, Middle Initial) C. Earl Pomeroy For Congress		Date of Disbursement 09 / 24 / 2002	
Mailing Address P.O. Box 746 City State Zip Code Bismarck ND 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name Mr. Earl Pomeroy		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 1	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 7054915

SUBTOTAL of Disbursements This Page (optional) ▶	2820.69
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. Friends of Max Baucus		Date of Disbursement 09 / 24 / 2002
Mailing Address Box 586 City: Helena State: MT Zip Code: 59624		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Senator Max Baucus		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7054918
State: MT District: 1		

Full Name (Last, First, Middle Initial) B. Friends of Sherrod Brown		Date of Disbursement 09 / 24 / 2002
Mailing Address 111 Edgefield Dr. City: Elyria State: OH Zip Code: 44036		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Mr. Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7054917
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. Enzi For Us Senate		Date of Disbursement 09 / 24 / 2002
Mailing Address PO Box 2775 City: Cody State: WY Zip Code: 82414		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Sen. Michael Enzi		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7054918
State: WY District: 2		

SUBTOTAL of Disbursements This Page (optional)	4000.00
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. Sensenbrenner Committee		Date of Disbursement 09 / 24 / 2002	
Mailing Address PO Box 575 City Brookfield		State WI	Zip Code 53008
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Rep. F. Sensenbrenner, Jr.		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: WI District: 8	Transaction ID: 7054819		

Full Name (Last, First, Middle Initial) B. Darlene Hooley For Congress		Date of Disbursement 09 / 25 / 2002	
Mailing Address 8404 Failing St City West Linn		State OR	Zip Code 97068
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Darlene Hooley		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: OR District: 5	Transaction ID: 7131412		

Full Name (Last, First, Middle Initial) C. Thurman for Congress		Date of Disbursement 09 / 25 / 2002	
Mailing Address P.O. Box 5058 City Inverness		State FL	Zip Code 34450
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Ms. Karen L. Thurman		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: FL District: 6	Transaction ID: 7131409		

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

A. Full Name (Last, First, Middle Initial)
John D. Dingell for Congress Committee

Mailing Address
607 Fourteenth St., NW
City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Mr. John D. Dingell

Office Sought: House
Senate
President
State: MI District: 16

Disbursement For: 2002
Primary General
Other (specify) ▼

011
Category/
Type

Date of Disbursement

09 / 25 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: 7131407

B.

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	30320.69

**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 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

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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 General

Mailing Address

17 West Main St.

City

Avon

State

CT

Zip Code

06001

Purpose of Disbursement

Losses on Investments

Candidate Name

DD1

Category/
Type

Date of Disbursement

09 / 30 / 2002

Amount of Each Disbursement this Period

9261.65

Losses on Investments

Office Sought:

House

Senate

President

State:

District: 0

Disbursement For:

Primary

General

Other (specify) ▼

Transaction ID: 7241144

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

9261.65

TOTAL This Period (last page this line number only) ▶

9261.65