

**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  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)  
 X 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) (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 11 26 2002 through 12 31 2002

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

Type or Print Name of Treasurer Dr. Gerald Peterson, DPM

Signature of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM Date 01 30 2003

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**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: <sup>Month</sup> 11 <sup>Day</sup> 26 <sup>Year</sup> 2002 To: <sup>Month</sup> 12 <sup>Day</sup> 31 <sup>Year</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2002		389550.56
(b) Cash on Hand at Beginning of Reporting Period .....	256079.18	
(c) Total Receipts (from Line 19) .....	36623.30	256277.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	292702.48	644828.13
7. Total Disbursements (from Line 30) .....	4303.78	356429.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	288398.70	288398.70
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: <sup>MM</sup>11 <sup>DD</sup>26 <sup>YYYY</sup>2002 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>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) .....	5850.00	
(ii) Unitemized .....	17018.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22868.00	227437.26
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	22868.00	227437.26
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 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.) .....	13755.30	27840.31
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) .....	36623.30	255277.57
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	36623.30	255277.57

**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.....	140.27	147033.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	140.27	147033.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	199570.69
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	400.00
29. Other Disbursements.....	163.51	9425.16
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	4303.78	356429.43
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	4303.78	356429.43
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	22868.00	227437.26
33. Total Contribution Refunds (from Line 28(d)).....	0.00	400.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	22868.00	227037.26
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	140.27	147033.58
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	140.27	147033.58

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 17

11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Fred Marino

Mailing Address

1034 Windsong Pl.

City

State

Zip Code

Murfreesboro

TN

37129

Date of Receipt

N M / D E / Y Y Y Y  
11 / 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: 7353820

Full Name (Last, First, Middle Initial)

B. Dr. Keith J. Kalish

Mailing Address

2500 Quincy Ave.

City

State

Zip Code

Fort Pierce

FL

34947-4766

Date of Receipt

N M / D E / Y Y Y Y  
11 / 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 ▼

350.00

Transaction ID: 7353873

Full Name (Last, First, Middle Initial)

C. Dr. Jack S. Forman

Mailing Address

6 W. View Dr.

City

State

Zip Code

Flemington

NJ

08822-5550

Date of Receipt

N M / D E / Y Y Y Y  
11 / 26 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7400805

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Robert C. Purdy

Mailing Address

208 21st St. N.W.

City

State

Zip Code

Canton

OH

44709

Date of Receipt

N M / D E / Y Y Y Y  
11 / 27 / 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: 7400357

Full Name (Last, First, Middle Initial)

B. Dr. Charles M. Kurzer

Mailing Address

2 Wychwood Rd.

City

State

Zip Code

Livingston

NJ

07039-3627

Date of Receipt

N M / D E / Y Y Y Y  
11 / 29 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
The FOOT Group

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7402634

Full Name (Last, First, Middle Initial)

C. Dr. Michael K. Lowe

Mailing Address

1961 S. 1700 E.

City

State

Zip Code

Salt Lake City

UT

84108-2271

Date of Receipt

N M / D E / Y Y Y Y  
11 / 29 / 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: 7402636

**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 7 / 17	
	<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. Maren Elizabeth Elze

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2002

Mailing Address  
1B12 Dupont Ave. S.

City State Zip Code  
Minneapolis MN 55403-3067

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: 7442828

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lansing P. Makusky

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 12 / 2002

Mailing Address  
333 E. Hadley

City State Zip Code  
Dayton OH 45419-2611

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: 7450848

**C.** Full Name (Last, First, Middle Initial)  
Dr. Scott E. Hughes

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 16 / 2002

Mailing Address  
1060 N. Monroe St.

City State Zip Code  
Monroe MI 48162

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: 7602612

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 17	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Dr. Thomas E. Sperto**

Mailing Address  
140 Central Ave.  
City State Zip Code  
Los Gatos CA 95030-7136

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 17 / 2002

Amount of Each Receipt this Period  
500.00

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) ▼ 500.00

Transaction ID: 7451044

Full Name (Last, First, Middle Initial)  
**B. Dr. Mark M. Schibansky**

Mailing Address  
118 Elking Rd.  
City State Zip Code  
Catskill NY 12414

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 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) ▼ 500.00

Transaction ID: 7451089

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

Mailing Address  
925 Clifton Ave. #108  
City State Zip Code  
Clifton NJ 07013-2724

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 20 / 2002

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Clifton Foot & Ankle Center Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 450.00

Transaction ID: 7470212

**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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Bangart

Mailing Address

7350 W. Pershing

City

State

Zip Code

Peoria

AZ

85381-0583

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 0 / 2 0 0 2

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: 7602458

Full Name (Last, First, Middle Initial)

B. Dr. Charles M. Tirone

Mailing Address

458 General Dr.

City

State

Zip Code

Fort Wright

KY

41011-1863

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Foot Specialists of Greater Cincinnati

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7470200

Full Name (Last, First, Middle Initial)

C. Dr. Richard J. Miller

Mailing Address

2408 Houston Branch Rd.

City

State

Zip Code

Charlotte

NC

28270-0777

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Carmel Foot Specialists P.A.

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7615340

**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:  
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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. Leonard Barton Mushkin

Mailing Address

99 San Benancio Rd.

City

State

Zip Code

Salinas

CA

93908-9122

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 3 0 / 2 0 0 2

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7602608

Full Name (Last, First, Middle Initial)

**B.** Dr. James L. Nelson

Mailing Address

8801 Savannah

City

State

Zip Code

Lubbock

TX

79424-5031

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
W. TX Foot Specialists

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7815771

Full Name (Last, First, Middle Initial)

**C.** Dr. Christopher Brennan Wieting

Mailing Address

1910 Deer Park Ave.

City

State

Zip Code

Louisville

KY

40205

Date of Receipt

N M / D E / Y Y Y Y  
1 2 / 3 0 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
KY Foot & Ankle Associates

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7815788

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

**800.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 17	
	<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. William Har

Mailing Address  
205 Bally Shannon #502

City State Zip Code  
Melbourne Beach FL 32951-3134

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 30 / 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: 7615765

**B.** Full Name (Last, First, Middle Initial)  
Dr. Teresa N. Tobin

Mailing Address  
608 Dunburry Dr.

City State Zip Code  
Ambler PA 19002

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 30 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Montgomery Podiatry Associates Inc. Occupation  
Podiatrist

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

Transaction ID: 7615805

**C.** Full Name (Last, First, Middle Initial)  
Dr. Randal Marc Lepow

Mailing Address  
6355 Sewanee

City State Zip Code  
Houston TX 77005-3324

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 31 / 2002

Amount of Each Receipt this Period  
275.00

FEC ID number of contributing federal political committee.

Name of Employer Lepow Podiatric Medical Associates Occupation  
Podiatrist

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 275.00

Transaction ID: 7615804

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **825.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 17
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Dr. Gary M. Lepow

Mailing Address  
1111 Hermann Dr. #25F

City State Zip Code  
Houston TX 77004-6932

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
275.00

Name of Employer Lepow Podiatric Medical Associates	Occupation Podiatrist
--	--------------------------

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 275.00

Transaction ID: 7615803

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5850.00</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 13 / 17	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)  
A. Advest, Inc. Date of Receipt  
Mailing Address  
17 W. Main Street N M / D E / Y Y Y Y  
11 / 30 / 2002  
City State Zip Code  
Avon CT 06001-3717 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 1280.94  
Name of Employer Occupation  
Advest, Inc. Investment Firm  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 15365.95 Transaction ID: 7443571

Full Name (Last, First, Middle Initial)  
B. Advest, Inc. Date of Receipt  
Mailing Address  
17 W. Main Street N M / D E / Y Y Y Y  
12 / 31 / 2002  
City State Zip Code  
Avon CT 06001-3717 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 1979.34  
Name of Employer Occupation  
Advest, Inc. Investment Firm  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 17345.29 Transaction ID: 7754111

Full Name (Last, First, Middle Initial)  
C. Advest, Inc. Date of Receipt  
Mailing Address  
17 W. Main Street N M / D E / Y Y Y Y  
12 / 31 / 2002  
City State Zip Code  
Avon CT 06001-4705 Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 10495.02  
Name of Employer Occupation  
Advest, Inc. Investment Firm  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 10495.02 gain on investments Transaction ID: 7768450

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>13755.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>13755.30</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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									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. Advest, Inc.</p> <p>Mailing Address 17 W. Main Street City Avon State CT Zip Code 06001-2008</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: House Senate President State: District: 0</p>		<p>Date of Disbursement 12 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 140.27</p> <p>DD1 Category/ Type</p> <p>Disbursement For: Primary General Other (specify) ▼</p> <p>Transaction ID: 7754137</p>
---	--	--

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>140.27</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>140.27</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)

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<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 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) <b>A. Friends of Byron Dorgan</b>		Date of Disbursement 11 / 26 / 2002	
Mailing Address P.O. Box 871 City Bismark State ND Zip Code 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Byron L. Dorgan		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002	
Office Sought: House <input checked="" type="checkbox"/> Senate President	State: ND District: 0	Transaction ID: 7411581	

Full Name (Last, First, Middle Initial) <b>B. Cardoza For Congress</b>		Date of Disbursement 11 / 26 / 2002	
Mailing Address 5578 Zeiner Court City Atwater State CA Zip Code 95301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Dennis Cardoza		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002	
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: CA District: 18	Transaction ID: 7411589	

Full Name (Last, First, Middle Initial) <b>C. Michaud For Congress</b>		Date of Disbursement 11 / 26 / 2002	
Mailing Address 213 Lisbon Street City Lewiston State ME Zip Code 04240		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Michael Michaud		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement-2002	
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: ME District: 2	Transaction ID: 7411580	

<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)

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

<p>Full Name (Last, First, Middle Initial) A. Norm Coleman For U S Senate</p>		<p>Date of Disbursement 11 / 26 / 2002</p>	
<p>Mailing Address 1412 Energy Park Drive #11 City Saint Paul State MN Zip Code 55108</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. Norm Coleman</p>		<p>Transaction ID: 7411558</p>	
<p>Office Sought: House X Senate President</p>	<p>Disbursement For: 2002 Primary General X Other (specify) ▼ Debt Retirement-2002</p>		
<p>State: MN District: 2</p>			

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>4000.00</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 17 / 17

<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, Inc.

Mailing Address

17 W. Main Street

City

Avon

State

CT

Zip Code

06001-2008

Purpose of Disbursement

Candidate Name

DD1

Category/  
Type

Office Sought:

House

Senate

President

State:

District: 0

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

11 / 30 / 2002

Amount of Each Disbursement this Period

163.51

Transaction ID: 7443572

B.

C.

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**163.51**

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

**163.51**