

**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)	(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	X Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
	October 15 Quarterly Report(Q3)				
	January 31 Quarterly Report(YE)				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)	Report for the:	Convention (12C)	Special (12S)	
		Election on			
		(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
		Election on			in the State of

5. Covering Period 08 01 2002 through 08 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 09 19 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: ^{Month} 08 ^{Day} 01 ^{Year} 2002 To: ^{Month} 08 ^{Day} 31 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		389550.56
(b) Cash on Hand at Beginning of Reporting Period	312596.41	
(c) Total Receipts (from Line 19)	17342.30	164219.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	329938.71	553770.46
7. Total Disbursements (from Line 30)	13277.69	237109.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	316661.02	316661.02
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}08 ^{DD}01 ^{YYYY}2002 To: ^{MM}08 ^{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)	5925.00	
(ii) Unitemized	8825.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14750.00	153086.00
(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)	14750.00	153086.00
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.)	2592.30	11133.90
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)	17342.30	164219.90
20. Total Federal Receipts (subtract Line 18 from Line 19)	17342.30	164219.90

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.....	10277.69	146859.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10277.69	146859.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	90250.00
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)..... ▶	13277.69	237109.44
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	13277.69	237109.44
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	14750.00	153086.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	14750.00	153086.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	10277.69	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)..... ▶	10277.69	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 / 15

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. David James Maiani

Mailing Address

3888 E. Ohio Match Rd.

City

Hayden

State

ID

Zip Code

83835-7824

Date of Receipt

08 / 02 / 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: 6851870

Full Name (Last, First, Middle Initial)

B. Dr. Joseph R. Selter

Mailing Address

2708 McGraw Dr.

City

Bloomington

State

IL

Zip Code

61704-6012

Date of Receipt

08 / 06 / 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: 6884858

Full Name (Last, First, Middle Initial)

C. Dr. Michael B. Stegmen

Mailing Address

7486 E. Woodsage Ln.

City

Scottsdale

State

AZ

Zip Code

85258-2019

Date of Receipt

08 / 09 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer
American Foot & Ankle Specialists

Occupation

Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 6864077

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)
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FOR LINE NUMBER:
(check only one)

PAGE 6 / 15

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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. Stephen F. Stem

Mailing Address

12730 Knollbrook Dr.

City

State

Zip Code

Clifton

VA

20124-1439

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Vienna Podiatry Center

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6863131

Full Name (Last, First, Middle Initial)

B. Dr. Thomas V. Meillo

Mailing Address

438 Barwick Cir.

City

State

Zip Code

Aurora

OH

44202-8560

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 8 / 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: 6862321

Full Name (Last, First, Middle Initial)

C. Dr. David H. Korfh

Mailing Address

16659 S.W. Fwy. #175

City

State

Zip Code

Sugar Land

TX

77479-2329

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 0 8 / 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: 6884951

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)
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FOR LINE NUMBER: PAGE 7 / 15

(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. Leon G. Shingledecker

Mailing Address

6517 Potomac Ave. #B-2

City

Alexandria

State

VA

Zip Code

22307-6554

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 0 / 2 0 0 2

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 6864553

Full Name (Last, First, Middle Initial)

B. Dr. Patricia Lea Waters

Mailing Address

18368 Clark St. #106

City

Tarzana

State

CA

Zip Code

91356-3502

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 0 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 6864554

Full Name (Last, First, Middle Initial)

C. Dr. Kim M. Reicher

Mailing Address

141 Hickory Lake

City

Belleville

State

IL

Zip Code

62223-3441

Date of Receipt

N M / D E / Y Y Y Y
0 8 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Associated Foot Surgeons of Belle-
ville

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6885863

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

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

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

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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. Gerald D. Peterson

Mailing Address

6627 Apollo Rd.

City

West Linn

State

OR

Zip Code

97068-2807

Date of Receipt

08 / 14 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Family Foot Clinic

Occupation

Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 6873592

Full Name (Last, First, Middle Initial)

B. Dr. Kevin Holton

Mailing Address

2805 Jasmine Ct.

City

Saint Cloud

State

MN

Zip Code

56301-9467

Date of Receipt

08 / 14 / 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: 6885658

Full Name (Last, First, Middle Initial)

C. Dr. Harold D. Sterling, Jr.

Mailing Address

5406 River Bend Cir.

City

Grand Ledge

State

MI

Zip Code

48837-8937

Date of Receipt

08 / 16 / 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:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 6886127

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 15	
	<input checked="" type="checkbox"/> 11a 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. Jeffrey C. Beck

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2002

Mailing Address
3701 Ferntower Ave.

City State Zip Code
West Covina CA 01792-3214

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hana Podiatrists Group Inc. Podiatrist

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

Transaction ID: 6902373

B. Full Name (Last, First, Middle Initial)
Dr. Edward Patrick Smith, Jr.

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2002

Mailing Address
148 Park St

City State Zip Code
Springfield VT 05156-3034

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: 6902371

C. Full Name (Last, First, Middle Initial)
Dr. Daniel Byrd

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Mailing Address
015 N.W. 4th St.

City State Zip Code
Pendleton OR 97801-1414

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: 6884945

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 15	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Kenneth K. S. Meh

Mailing Address
14485 S.W. Allen Blvd. #101

City State Zip Code
Beaverton OR 97005-4402

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 6884944

B. Full Name (Last, First, Middle Initial)
Dr. Lisa Cornelius

Mailing Address
3206 N.W. Twinberry St.

City State Zip Code
Corvallis OR 97330-3341

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 6886122

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

Mailing Address
925 Clifton Ave. #108

City State Zip Code
Clifton NJ 07013-2724

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Clifton Foot & Ankle Center Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: 6884940

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Ralph S. Sprinkle

Mailing Address
276 Old Augusta Dr. P.O. Box 2518
City State Zip Code
Pawleys Island SC 29585-7310

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Georgetown Podiatry Group P.C. Occupation Podiatrist

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

Transaction ID: 6884838

Full Name (Last, First, Middle Initial)
B. Dr. Brian Orshood

Mailing Address
250 N.W. River Park Pl.
City State Zip Code
Canby OR 97013-8146

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 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 OR Foot Specialists Occupation Podiatrist

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

Transaction ID: 6884842

Full Name (Last, First, Middle Initial)
C. Dr. Mark O. Ellis

Mailing Address
682 33rd St.
City State Zip Code
Astoria OR 97103-2722

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 1 / 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: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 6885850

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)
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FOR LINE NUMBER:
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 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. Lisa M. DeTourney

Mailing Address

12512 N. Kendall Dr.

City

State

Zip Code

Miami

FL

33186

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 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: 6902379

Full Name (Last, First, Middle Initial)

B. Dr. Matthew J. Thompson

Mailing Address

4835 White Oak Dr.

City

State

Zip Code

Lumberton

NC

28358-2187

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 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
Self-Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6919213

C.

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	5925.00

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

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

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NAME OF COMMITTEE (In Full)
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
08 01 2002
City State Zip Code
Avon CT 06001-3717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1231.35
Name of Employer Occupation
Advest, Inc. Investment Firm
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 9772.95 Transaction ID: 6978423

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
08 31 2002
City State Zip Code
Avon CT 06001-3717 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 1360.95
Name of Employer Occupation
Advest, Inc. Investment Firm
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 11133.90 Transaction ID: 7016453

C.

SUBTOTAL of Receipts This Page (optional)	▶	2592.30
TOTAL This Period (last page this line number only)	▶	2592.30

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	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 Losses on Investments</p> <p>Candidate Name</p>		<p>Date of Disbursement 08 / 31 / 2002</p> <p>Amount of Each Disbursement this Period 10277.69</p> <p>DD1 Category/ Type</p> <p>Losses on Investments</p>
<p>Office Sought: House Senate President State: District: 0</p>	<p>Disbursement For: Primary General Other (specify) ▼</p>	<p>Transaction ID: 7019258</p>

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	10277.69
TOTAL This Period (last page this line number only)	▶	10277.69

**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. Pallone for Congress		Date of Disbursement 08 / 05 / 2002	
Mailing Address P.O. Box 3176 City State Zip Code Long Branch NJ 07440		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Frank Pallone, Jr.		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 8	Transaction ID: 6856D88	

Full Name (Last, First, Middle Initial) B. Davis for Congress		Date of Disbursement 08 / 05 / 2002	
Mailing Address 5630 W. Division St. City State Zip Code Chicago IL 60651		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Danny K. Davis		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: 7	Transaction ID: 6856D82	

Full Name (Last, First, Middle Initial) C. Stuart Johnson For Congress		Date of Disbursement 08 / 05 / 2002	
Mailing Address PO Box 311B City State Zip Code Manhattan Beach CA 90266		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Shelbin 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: CA District: 38	Transaction ID: 6856D85	

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00