

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 APMA Podiatry Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road  
 Check if different than previously reported. (ACC) Bethesda MD 20814 1858

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00008639 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) (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 01 01 2002 through 01 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 02 20 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  
APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>h</sup> 0 1 <sup>d</sup> 0 1 <sup>y</sup> 2 0 0 2 To: <sup>h</sup> 0 1 <sup>d</sup> 3 1 <sup>y</sup> 2 0 0 2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>y</sup> 2 0 0 2		389550.56
(b) Cash on Hand at Beginning of Reporting Period .....	389550.56	
(c) Total Receipts (from Line 19) .....	12334.80	12334.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	401885.36	401885.36
7. Total Disbursements (from Line 30) .....	4002.89	4002.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	397882.47	397882.47
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>W</sup> 0 1 <sup>D</sup> 0 1 <sup>Y</sup> 2 0 0 2 To: <sup>W</sup> 0 1 <sup>D</sup> 3 1 <sup>Y</sup> 2 0 0 2

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	7100.00	
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4831.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11931.00	11931.00
(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) .....	11931.00	11931.00
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.) .....	403.80	403.80
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) .....	12334.80	12334.80
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	12334.80	12334.80

**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.....	2.89	2.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2.89	2.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
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)..... ▶	4002.89	4002.89
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	4002.89	4002.89
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11931.00	11931.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11931.00	11931.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2.89	2.89
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2.89	2.89

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. George V. Tsoutsouris

Mailing Address  
8413 White Oak Ave.

City State Zip Code  
Munster IN 46321-1922

Date of Receipt  
M / D / Y Y Y Y  
01 / 01 / 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: 5310860

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Morill

Mailing Address  
3325 Bridlington Rd.

City State Zip Code  
Lexington KY 40509-2011

Date of Receipt  
M / D / Y Y Y Y  
01 / 01 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Family Foot Care Occupation  
Podiatrist

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

Transaction ID: 5308891

**C.** Full Name (Last, First, Middle Initial)  
Dr. Burton Bornstein

Mailing Address  
16010 Greater Groves Blvd.

City State Zip Code  
Clermont FL 34711-8034

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

Transaction ID: 5684123

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Barney A. Greenberg**

Mailing Address  
16283 Cayuga Cir.

City State Zip Code  
Davie FL 33331-2155

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

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatry Associates Podiatrist

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

Transaction ID: 5684125

Full Name (Last, First, Middle Initial)  
**B. Dr. Joseph H. Strickland**

Mailing Address  
2880 Longbrooke Way

City State Zip Code  
Clearwater FL 33760-1719

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

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: 5684124

Full Name (Last, First, Middle Initial)  
**C. Dr. Stuart A. Courtney**

Mailing Address  
3590 N. 45th Ave.

City State Zip Code  
Hollywood FL 33021-2450

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

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: 5684122

**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 / 15

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Jonathan J. Lubitz

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 1 / 0 4 / 2 0 0 2

2605 Charleston Oaks Ct.

City

State

Zip Code

Mobile

AL

36695-2522

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

500.00

Name of Employer  
Self-Employed

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

500.00

Transaction ID: 5575251

Full Name (Last, First, Middle Initial)

B. Dr. Harvey D. Lederman

Date of Receipt

Mailing Address

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

12 Biltmore Park

City

State

Zip Code

Bloomfield

CT

06002-2141

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

550.00

Name of Employer  
W. Hartford Podiatry Associates

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

550.00

Transaction ID: 5575089

Full Name (Last, First, Middle Initial)

C. Dr. Marc Lederman

Date of Receipt

Mailing Address

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

4-G Earls Ct.

City

State

Zip Code

Farmington

CT

06032-3534

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

500.00

Name of Employer  
W. Hartford Podiatry Associates

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

500.00

Transaction ID: 5575090

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Matthew G. Geroufais**

Mailing Address  
1833 Hansom Court

City State Zip Code  
Naperville IL 60565-2629

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Professional Foot Care Specialists Podiatrist

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

Transaction ID: 5586841

Full Name (Last, First, Middle Initial)  
**B. Dr. Robert A. Blaine**

Mailing Address  
5442 Lockhaven Dr.

City State Zip Code  
Buena Park CA 90621-1538

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
A-B Foot & Ankle Care Center Podiatrist

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

Transaction ID: 5854588

Full Name (Last, First, Middle Initial)  
**C. Dr. John E. Denn**

Mailing Address  
3960 Edgewater Dr.

City State Zip Code  
Vermilion OH 44089-2230

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 14 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Koleczun & Koleczun Orthopedics Podiatrist

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

Transaction ID: 5684357

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert E. Mena

Mailing Address  
166 Greenwood Dr.

City State Zip Code  
South Windsor CT 06074-2910

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 2 3 / 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: 5681587

**B.** Full Name (Last, First, Middle Initial)  
Dr. Marc R. Bambash

Mailing Address  
126 Burr Hall Rd.

City State Zip Code  
Middlebury CT 06762-1403

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 2 3 / 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: 5681591

**C.** Full Name (Last, First, Middle Initial)  
Dr. Danni R. Fritch

Mailing Address  
1070 S.W. 19th St.

City State Zip Code  
Boca Raton FL 33486-6830

Date of Receipt  
N M / D E / Y Y Y Y  
0 1 / 2 3 / 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: 5683480

**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 10 / 15	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Robert Fimmel**

Mailing Address  
4448 Diamond Cir. S.

City State Zip Code  
Sarasota FL 34233-2062

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Sarasota Footcare Center, P.A. Podiatrist

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

Transaction ID: 5683478

Full Name (Last, First, Middle Initial)  
**B. Dr. Timothy Tile**

Mailing Address  
11808-2 San Jose Blvd.

City State Zip Code  
Jacksonville FL 32223-1862

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed Podiatrist

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

Transaction ID: 5683481

Full Name (Last, First, Middle Initial)  
**C. Dr. Jeffrey S. Kahn**

Mailing Address  
35 Kent Ln.

City State Zip Code  
Rocky Hill CT 06067-2910

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 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 Occupation  
CT Foot Care Centers, L.L.C. Podiatrist

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

Transaction ID: 5681589

**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:  
(check only one)

PAGE 11 / 15

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Stephen M. Merrit

Mailing Address

2638 Forest Point Ct.

City

Jacksonville

State

FL

Zip Code

32257-5623

Date of Receipt

N M / D E / Y Y Y Y  
0 1 / 2 3 / 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: 5683477

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Dean Martone

Mailing Address

11 Central Ave.

City

East Hartford

State

CT

Zip Code

06108-3102

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Family Foot Care Center

Occupation

Podiatrist

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 5681585

Full Name (Last, First, Middle Initial)

C. Dr. David R. Wuerzler

Mailing Address

57 Fox Chase Dr.

City

Dothan

State

AL

Zip Code

36305-1145

Date of Receipt

N M / D E / Y Y Y Y  
0 1 / 2 4 / 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: 5693569

**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 12 / 15

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Craig McLaws**

Mailing Address  
1158 N. Main St.

City State Zip Code  
Sheridan WY 82801-3055

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
McLaws Foot Care Podiatrist

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

Transaction ID: 5705887

Full Name (Last, First, Middle Initial)  
**B. Dr. Brant Mevin Herwood**

Mailing Address  
27813 C.R. 27

City State Zip Code  
Daphne AL 36526

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 30 / 2002

Amount of Each Receipt this Period  
500.00

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: 5705890

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>7100.00</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 / 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

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

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

Full Name (Last, First, Middle Initial)  
A. Brokerage Firm 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  
01 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advest, Inc. Investment Firm

Amount of Each Receipt this Period  
403.80

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 403.80

Transaction ID: 5770355

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>403.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>403.80</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 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Connie Morella</b>		Date of Disbursement 01 / 18 / 2002
Mailing Address 7315 Wisconsin Ave. 450W City: Bethesda State: MD Zip Code: 20814		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Mrs. Constance A. Morella		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5878828
State: MD District: 8		

Full Name (Last, First, Middle Initial) <b>B. Pete Stark Re-Election Committee</b>		Date of Disbursement 01 / 18 / 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 YTD:\$1,000.00	011 Category/ Type	
Candidate Name Mr. Pete Stark		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5878868
State: CA District: 13		

Full Name (Last, First, Middle Initial) <b>C. Tim Johnson For South Dakota Inc</b>		Date of Disbursement 01 / 18 / 2002
Mailing Address PO Box 1859 City: Sioux Falls State: SD Zip Code: 57101		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Tim Johnson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5878854
State: SD District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. Crane for Congress Committee</b>		Date of Disbursement 01 / 18 / 2002	
Mailing Address P.O. Box 8534 City Rolling Meadows		State IL	Zip Code 60008
Purpose of Disbursement YTD:\$1,000.00		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. Philip M. Crane		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: IL      District: 8	Transaction ID: 5878827		

**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>