

**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) X 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) Election on in the State of (d) 30-Day Post -Election Report for the: Convention (12C) Special (12G) General (30G) Runoff (30R) Special (30S)

5. Covering Period 04 01 2002 through 04 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 05 16 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: ^h04 ^d01 ^y2002 To: ^h04 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		389550.56
(b) Cash on Hand at Beginning of Reporting Period	448527.09	
(c) Total Receipts (from Line 19)	20369.20	101355.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	468896.29	490906.31
7. Total Disbursements (from Line 30)	19500.00	41510.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	449396.29	449396.29
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: ^W 0 4 ^D 0 1 ^Y 2 0 0 2 To: ^W 0 4 ^D 3 0 ^Y 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		
(i) Itemized (use Schedule A)	9260.00	
(ii) Unitemized	9846.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19106.00	95829.00
(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)	19106.00	95829.00
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.)	1263.20	5526.75
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)	20369.20	101355.75
20. Total Federal Receipts (subtract Line 18 from Line 19)	20369.20	101355.75

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	10.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	10.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	41500.00
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)..... ▶	19500.00	41510.02
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	19500.00	41510.02
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	19106.00	95829.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	19106.00	95829.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	10.02
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	10.02

**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 / 23	
	<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

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

Mailing Address
3423 4th St. #10

City State Zip Code
Brunswick GA 31520-3758

Date of Receipt
M M / D D / Y Y Y Y
04 / 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: 6046853

Full Name (Last, First, Middle Initial)
B. Dr. Stephen H. Powless

Mailing Address
1812 Dupont Ave.

City State Zip Code
Minneapolis MN 55403

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 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: 6046893

Full Name (Last, First, Middle Initial)
C. Dr. Richard L. Grant

Mailing Address
581 Fox Pointe Ct

City State Zip Code
Bloomfield Hills MI 48304-1813

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2002

Amount of Each Receipt this Period
150.00

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: 6071858

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 / 23	
	<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. Mackie J. Walker, Jr.

Mailing Address
885 Trail Ridge Rd.
City: Aiken State: SC Zip Code: 29803-7734

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Carolina Pod. Med. Associates, P.-A. Occupation: Podiatrist

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

Transaction ID: 6049384

Full Name (Last, First, Middle Initial)
B. Dr. Russell J. Barone

Mailing Address
29 Glen Crest Dr.
City: Arden State: NC Zip Code: 28704-3025

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Hendersonville Podiatry Occupation: Podiatrist

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

Transaction ID: 6071823

Full Name (Last, First, Middle Initial)
C. Dr. Philip J. Cain

Mailing Address
415 W. Harding Rd.
City: Springfield State: OH Zip Code: 45504-1708

Date of Receipt
M M / D D / Y Y Y Y
04 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Associates In Podiatry, Inc. Occupation: Podiatrist

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

Transaction ID: 6049385

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 7 / 23

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. David Brian Day

Date of Receipt
M M / D D / Y Y Y Y
04 / 15 / 2002

Mailing Address
2B18 Pacific View Trl.

City State Zip Code
Los Angeles CA 90068-2046

Amount of Each Receipt this Period
260.00

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) ▼ 260.00

Transaction ID: 6259949

B. Full Name (Last, First, Middle Initial)
Dr. Patricia Lea Walters

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2002

Mailing Address
18368 Clark St #106

City State Zip Code
Tarzana CA 91356-3502

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: 6259961

C. Full Name (Last, First, Middle Initial)
Dr. Chester A. News, Jr.

Date of Receipt
M M / D D / Y Y Y Y
04 / 19 / 2002

Mailing Address
1130 Gilliland Rd.

City State Zip Code
Louisville KY 40245-4034

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: 6259958

SUBTOTAL of Receipts This Page (optional) ▶ **760.00**

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 / 23	
	<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. Jon A. Hulman

Mailing Address
2D11 Thayer Ave.

City State Zip Code
Los Angeles CA 80025-0000

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 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: 6206831

Full Name (Last, First, Middle Initial)
B. Dr. Bich-Thuy Thi Vo

Mailing Address
286 Hightower Rd.

City State Zip Code
Lexington KY 40517-2308

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 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: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 6259838

Full Name (Last, First, Middle Initial)
C. Dr. Jay Harvey Dworkin

Mailing Address
1550 S. Potomac St. #200

City State Zip Code
Aurora CO 80012-5433

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 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: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 6259837

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 / 23	
	<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

A. Full Name (Last, First, Middle Initial)
Dr. Larry E. Greiner

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2002

Mailing Address
3713 S. High St.

City State Zip Code
Columbus OH 43207

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: 6306864

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 24 / 2002

Mailing Address
3 Oak Ave.

City State Zip Code
Belmont MA 02478-2751

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: 6306862

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 25 / 2002

Mailing Address
16268 Birchwood Ln

City State Zip Code
Brainerd MN 56401-8925

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Brainerd Medical Center, P.A. Podiatrist

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

Transaction ID: 6306877

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: PAGE 10 / 23

(check only one)

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. Ronald G. Cervetti

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
04 / 25 / 2002

4025 University Ave.

City

State

Zip Code

Waterloo

IA

50701-5639

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Cedar Valley Podiatry

Occupation
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6306983

Full Name (Last, First, Middle Initial)

B. Dr. Sherman Nagler

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
04 / 26 / 2002

3639 Tartan Ln.

City

State

Zip Code

Houston

TX

77025-2519

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Park Plaza Foot Specialists

Occupation
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6307067

Full Name (Last, First, Middle Initial)

C. Dr. Nicholas C. Orsinal

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
04 / 26 / 2002

8608 S.V.L. Box

City

State

Zip Code

Victorville

CA

92382

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Self-Employed

Occupation
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6307065

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 / 23	
	<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. Peter Schaelf-Wadhams

Mailing Address
403 Sierra Vista Dr.

City State Zip Code
Redondo Beach CA 90277-3851

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

Transaction ID: 6307076

Full Name (Last, First, Middle Initial)
B. Dr. David K. Croshaw

Mailing Address
1155 Pocatello Creek Rd.

City State Zip Code
Pocatello ID 83201-2949

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

Transaction ID: 6343973

Full Name (Last, First, Middle Initial)
C. Dr. Thomas G. Rogers

Mailing Address
150 W. 800 N.

City State Zip Code
Provo UT 84601-1824

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

Transaction ID: 6343984

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 / 23	
	<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)
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr. Travis Westermeyer

Mailing Address
736 E. Grand Ave.

City State Zip Code
Escondido CA 92025-4405

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

Transaction ID: 6343984

Full Name (Last, First, Middle Initial)
B. Dr. Kathryn Riffe

Mailing Address
8070 N. Main St.

City State Zip Code
Milan TN 38358

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

Transaction ID: 6343977

Full Name (Last, First, Middle Initial)
C. Dr. Mark F. Rogers

Mailing Address
150 W. 800 N.

City State Zip Code
Provo UT 84601-1824

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Central UT Foot & Ankle Clinic Occupation
Podiatrist

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

Transaction ID: 6343985

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 13 / 23	
	<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

A. Full Name (Last, First, Middle Initial)
Dr. R. F. Eckerlein

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Mailing Address
2721 Dunsinane Rd.

City State Zip Code
Pensacola FL 32503

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: 6343962

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey A. Ross

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2002

Mailing Address
508 Bolivar St.

City State Zip Code
Bellaire TX 77401

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: 6343982

C. Full Name (Last, First, Middle Initial)
Dr. Maureen L. Crosby

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2002

Mailing Address
3847 S. Troost

City State Zip Code
Tulsa OK 74105-3328

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Green Country Podiatry Center, P.-C. Podiatrist

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

Transaction ID: 6343941

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 14 / 23	
	<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 M. Caldwell

Mailing Address
3703 Cottage Grove Ave. S.E.

City State Zip Code
Cedar Rapids IA 52403-1941

Date of Receipt
M M / D D / Y Y Y Y
04 / 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: 6308374

Full Name (Last, First, Middle Initial)
B. Dr. Donald P. LaMella

Mailing Address
1241 Apollo Ave.

City State Zip Code
Springfield OH 45503

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 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: 6308372

Full Name (Last, First, Middle Initial)
C. Dr. W. Christopher Fleming

Mailing Address
3900 S.W. 33rd Rd.

City State Zip Code
Ocala FL 34474

Date of Receipt
M M / D D / Y Y Y Y
04 / 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: 6308371

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 15 / 23	
	<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

A. Full Name (Last, First, Middle Initial)
Dr. Gene Mirkin

Mailing Address
17320 Avenleigh Dr.

City State Zip Code
Ashton MD 20861

Date of Receipt
M M / D D / Y Y Y Y
04 / 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: 6308363

B. Full Name (Last, First, Middle Initial)
Dr. Frederick N. Day

Mailing Address
3339 Central Ave. #F

City State Zip Code
Hot Springs AR 71913-6279

Date of Receipt
M M / D D / Y Y Y Y
04 / 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: 6343840

C. Full Name (Last, First, Middle Initial)
Dr. Steven B. Smith

Mailing Address
8829 S. 92nd E. Ct.

City State Zip Code
Tulsa OK 74133

Date of Receipt
M M / D D / Y Y Y Y
04 / 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: 6308358

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 16 / 23
	<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)
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dr. Andrew C. Schink

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2002

Mailing Address
1715 Carneal

City State Zip Code
Eugene OR 97405-5897

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: 6343846

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	9260.00

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)

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11a
13

11b
14

11c
15

12
16

17

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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
04 / 30 / 2002

Amount of Each Receipt this Period

1263.20

FEC ID number of contributing
federal political committee.

Name of Employer
Advest, Inc.

Occupation

Investment Firm

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5526.75

Transaction ID: 6429011

B.

C.

SUBTOTAL of Receipts This Page (optional) ► **1263.20**

TOTAL This Period (last page this line number only) ► **1263.20**

**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 18 / 23

<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) A. Hoosiers Supporting Buyer for Congress		Date of Disbursement 04 / 09 / 2002	
Mailing Address 103 W. Broadway City: Manticella State: IN Zip Code: 47960		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Steve Buyer			
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: IN District: 5	Transaction ID: 6056681		

Full Name (Last, First, Middle Initial) B. Ben Cardin for Congress		Date of Disbursement 04 / 09 / 2002	
Mailing Address 100 East Pratt St. 27th Floor City: Baltimore State: MD Zip Code: 21202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Benjamin L. Cardin			
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: MD District: 3	Transaction ID: 6056687		

Full Name (Last, First, Middle Initial) C. John D. Dingell for Congress Committee		Date of Disbursement 04 / 09 / 2002	
Mailing Address 607 Fourteenth St., NW City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. John D. Dingell			
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: MI District: 16	Transaction ID: 6056672		

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)
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Ganske for Senate Committee		Date of Disbursement 04 / 09 / 2002	
Mailing Address 520 E Locust 2nd Floor City: Des Moines State: IA Zip Code: 50309		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type	
Candidate Name Dr. Greg Ganske, MD			
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: IA District: 0	Transaction ID: 6056673		

Full Name (Last, First, Middle Initial) B. Friends Of Mary Landrieu Inc		Date of Disbursement 04 / 09 / 2002	
Mailing Address 203 Carondelet Street Suite 630 Suite 131D City: New Orleans State: LA Zip Code: 70130		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mary L. Landrieu			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: LA District: 2	Transaction ID: 6056674		

Full Name (Last, First, Middle Initial) C. Tim Murphy For Congress		Date of Disbursement 04 / 09 / 2002	
Mailing Address PO Box 11721 City: Pittsburgh State: PA Zip Code: 15228		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Tim Murphy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: PA District: 18	Transaction ID: 6056675		

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Boazman For Congress		Date of Disbursement 04 / 09 / 2002
Mailing Address PO Box 671 City: Rogers State: AR Zip Code: 72757		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	Category/ Type 011	Transaction ID: 6056683
Candidate Name Rep. John Boazman	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: AR District: 3	

Full Name (Last, First, Middle Initial) B. Jim Davis for Congress		Date of Disbursement 04 / 10 / 2002
Mailing Address 3718 W Swann Avenue City: Tampa State: FL Zip Code: 33609		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	Category/ Type 011	Transaction ID: 6076164
Candidate Name Mr. Jim Davis	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: FL District: 11	

Full Name (Last, First, Middle Initial) C. David Wu for Congress		Date of Disbursement 04 / 26 / 2002
Mailing Address CHOB 1st & Independence Ave., SE City: Washington State: DC Zip Code: 20515		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	Category/ Type 011	Transaction ID: 6317481
Candidate Name David Wu	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House Senate President	State: OR District: 1	

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Citizens for Harkin		Date of Disbursement 04 / 26 / 2002
Mailing Address P.O. Box 811 City Des Moines State IA Zip Code 50304		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Senator Tom Harkin		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 6317482
State: IA District: 2		

Full Name (Last, First, Middle Initial) B. A Lot of People Supporting Tom Daschle		Date of Disbursement 04 / 26 / 2002
Mailing Address P.O. Box 1858 City Sioux Falls State SD Zip Code 57101		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type
Candidate Name Mr. Tom Daschle		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 6317483
State: SD District: 1		

Full Name (Last, First, Middle Initial) C. Friends of Lois Capps		Date of Disbursement 04 / 26 / 2002
Mailing Address PO Box 23940 City Santa Barbara State CA Zip Code 93121		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 6317485
State: CA District: 22		

SUBTOTAL of Disbursements This Page (optional)	4500.00
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 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)
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) A. Pete Stark Re-Election Committee		Date of Disbursement 04 / 26 / 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:\$2,000.00	Candidate Name Mr. Pete Stark	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: CA District: 13	Transaction ID: 6317480	

Full Name (Last, First, Middle Initial) B. Friends of Roy Blunt		Date of Disbursement 04 / 26 / 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 YTD:\$1,000.00	Candidate Name Mr. Roy Blunt	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: MO District: 7	Transaction ID: 6317487	

Full Name (Last, First, Middle Initial) C. Hoyer for Congress		Date of Disbursement 04 / 26 / 2002
Mailing Address 7905 Malcolm Rd. Ste. 102 City: Clinton State: MD Zip Code: 20735		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Candidate Name Mr. Steny H. Hoyer	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: MD District: 6	Transaction ID: 6317485	

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)

PAGE 23 / 23

<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) A. Nita Lowey For Congress		Date of Disbursement 04 / 26 / 2002	
Mailing Address 1185 Avenue of the Americas City State Zip Code New York NY 10036		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Ms. Nita M. Lowey			
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: NY District: 16	Transaction ID: 6317491		

Full Name (Last, First, Middle Initial) B. J.D. Hayworth for Congress		Date of Disbursement 04 / 26 / 2002	
Mailing Address P.O. Box 9207 City State Zip Code Mesa AZ 85214		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. J.D. Hayworth			
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: AZ District: 6	Transaction ID: 6317484		

Full Name (Last, First, Middle Initial) C. Senator John Warner Committee		Date of Disbursement 04 / 26 / 2002	
Mailing Address P.O. Box 3536 City State Zip Code Merrifield VA 22116		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Senator John W. Warner			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: VA District: 1	Transaction ID: 6317489		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	19500.00