

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

5. Covering Period 03 01 2002 through 03 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 04 11 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: ^{Month} 03 ^{Day} 01 ^{Year} 2002 To: ^{Month} 03 ^{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	424316.32	
(c) Total Receipts (from Line 19)	36215.01	80986.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	460531.33	470537.11
7. Total Disbursements (from Line 30)	12004.24	22010.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	448527.09	448527.09
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: ^{MM}03 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{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)	16650.00	
(ii) Unitemized	17829.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	34479.00	76723.00
(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)	34479.00	76723.00
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.)	1736.01	4263.55
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)	36215.01	80986.55
20. Total Federal Receipts (subtract Line 18 from Line 19)	36215.01	80986.55

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.....	4.24	10.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4.24	10.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	22000.00
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)..... ▶	12004.24	22010.02
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	12004.24	22010.02
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	34479.00	76723.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	34479.00	76723.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	4.24	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)..... ▶	4.24	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 / 30	
	<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

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. Wayne D. Marchand

Mailing Address
434 South St.

City State Zip Code
Auburn MA 01501-2733

Date of Receipt
M M / D D / Y Y Y Y
03 / 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: 5908259

Full Name (Last, First, Middle Initial)
B. Dr. John E. Fornale

Mailing Address
3028 S. Amanda Ct.

City State Zip Code
Sioux Falls SD 57103

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 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: 5908258

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

Mailing Address
109 Silver Leaf Dr.

City State Zip Code
Jacksonville NC 28546-7360

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 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: 5908269

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 30

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. Mark S. Veres

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 04 / 2002

8112 Mossy Oak Dr.

City State Zip Code

Montgomery AL 36117

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: 5908271

Full Name (Last, First, Middle Initial)

B. Dr. Mark Hess

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 04 / 2002

1024 Tramway Ln. N.W.

City State Zip Code

Albuquerque NM 87122-1317

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Albuquerque Associated Podiatrists Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 5908268

Full Name (Last, First, Middle Initial)

C. Dr. Barry E. Weaselowski

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 04 / 2002

2901 Majestic

City State Zip Code

Independence KS 67301

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: 5908262

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 / 30	
	<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. Kathleen A. Gaul

Mailing Address
501 E. Woodland

City State Zip Code
Harlingen TX 78552

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Harlingen Podiatry Associates Podiatrist

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

Transaction ID: 5808274

B. Full Name (Last, First, Middle Initial)
Dr. James R. Christina

Mailing Address
3 Glendorian Ct.

City State Zip Code
Cockeysville MD 21030

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
White Flint Podiatry Podiatrist

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

Transaction ID: 5837168

C. Full Name (Last, First, Middle Initial)
Dr. Richard A. Bronfman

Mailing Address
1417 W. 6th St.

City State Zip Code
Little Rock AR 72201-2901

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AR Foot Clinic Podiatrist

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

Transaction ID: 5837135

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 8 / 30	
	<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. Wesley L. Daniel

Mailing Address
751 Little John Cir.

City State Zip Code
Gainesville GA 32601-2025

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Gainesville Podiatry Clinic Podiatrist

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

Transaction ID: 5837149

B. Full Name (Last, First, Middle Initial)
Dr. R. Craig Martin

Mailing Address
6250 Clearview Rd.

City State Zip Code
Dover PA 17315-3206

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Martin Foot & Ankle Center Podiatrist

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

Transaction ID: 5837144

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

Mailing Address
2868 Downing St.

City State Zip Code
Big Flats NY 14814

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 5837141

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 30

(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. Janet Simon

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 06 / 2002

711 Encino Pl. N.E. #G

City

State

Zip Code

Albuquerque

NM

87102-2650

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: 5837148

Full Name (Last, First, Middle Initial)

B. Dr. John F. Grady

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 07 / 2002

7805 Ridgewood Ln.

City

State

Zip Code

Burr Ridge

IL

60525-5132

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: 5839338

Full Name (Last, First, Middle Initial)

C. Dr. Richard A. Armstrong

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
03 / 07 / 2002

342A Gifford St.

City

State

Zip Code

Falmouth

MA

02540-2948

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Falmouth Podiatry

Occupation

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 5808250

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 / 30	
	<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. Sheldon Fleishman

Mailing Address
9091 State Line Rd. #100

City State Zip Code
Kansas City MO 64114-3232

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 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: 5908244

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

Mailing Address
3454 Green Apple Rd.

City State Zip Code
Gainesville GA 30506-5866

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5908247

Full Name (Last, First, Middle Initial)
C. Dr. Charles E. Keenan, Jr.

Mailing Address
1590 3rd Ave. S.E.

City State Zip Code
Le Mars IA 51031-2763

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 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: 5929882

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 11 / 30	
	<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. Richard Lynn Rupp

Mailing Address
2400 Cinco Casitas

City State Zip Code
La Crescenta CA 91214

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 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: 5829672

Full Name (Last, First, Middle Initial)
B. Dr. John E. Morehead

Mailing Address
6866 S. 76th E. Ave.

City State Zip Code
Tulsa OK 74133-1835

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 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: 5829678

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

Mailing Address
5422 Beech Ridge Dr.

City State Zip Code
Fairfax VA 22030-4818

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 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: 5829679

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 / 30	
	<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. Jack A. Koch

Mailing Address
2837 Cardamon Ln.

City State Zip Code
Fullerton CA 92835-4307

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 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: 5829689

Full Name (Last, First, Middle Initial)
B. Dr. Frank A. Spinosa

Mailing Address
P.O. Box 72

City State Zip Code
Shelter Island NY 11964

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5829688

Full Name (Last, First, Middle Initial)
C. Dr. Tommy Wayne Gerratt

Mailing Address
70 Huckleberry Ln.

City State Zip Code
Wetumpka AL 36092-5808

Date of Receipt
M M / D D / Y Y Y Y
03 / 12 / 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: 5808237

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 13 / 30	
	<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. James E. Stocker

Mailing Address
5330 W. Creedance Blvd.

City State Zip Code
Glendale AZ 85310-3726

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 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: 5908313

Full Name (Last, First, Middle Initial)
B. Dr. Glenn B. Gashwith

Mailing Address
12401 Willow Green Ct.

City State Zip Code
Potomac MD 20854-3044

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

Transaction ID: 5915488

Full Name (Last, First, Middle Initial)
C. Dr. Gary W. Nelner

Mailing Address
3117 Hudnall Ln.

City State Zip Code
Edgewood KY 41017-2320

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Foot Care Center Podiatrist

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

Transaction ID: 5930880

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 / 30	
	<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. Gene F. Sherwood

Mailing Address
7475 Algonquin Dr.

City State Zip Code
Cincinnati OH 45243-3150

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatry Healthcare Network, Inc. Podiatrist

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

Transaction ID: 5959230

Full Name (Last, First, Middle Initial)
B. Dr. Bradford W. Glass

Mailing Address
4803 Island Dr.

City State Zip Code
Midland TX 79707

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 5959221

Full Name (Last, First, Middle Initial)
C. Dr. Michael B. Thompson

Mailing Address
201 68th Pl.

City State Zip Code
Kenosha WI 53143-5137

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 5933538

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 15 / 30	
	<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. James Stephen Zaremba

Mailing Address
104 Basswood Dr.
City: Aiken State: SC Zip Code: 29803

Date of Receipt
M / D / Y
03 / 21 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Greenwood Podiatric Medical Assoc. Occupation: Podiatrist

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

Transaction ID: 5959199

Full Name (Last, First, Middle Initial)
B. Dr. Jose Antonio Mattei-Diaz

Mailing Address
P.O. Box 140272
City: Arecibo State: PR Zip Code: 00614

Date of Receipt
M / D / Y
03 / 25 / 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: 5953389

Full Name (Last, First, Middle Initial)
C. Dr. Michael L. Wooda

Mailing Address
10 Bristol Dr.
City: Middletown State: NY Zip Code: 10941

Date of Receipt
M / D / Y
03 / 25 / 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: 5953390

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 16 / 30	
	<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. Christian A. Robertozzi

Mailing Address
43 Douma Dr.
City State Zip Code
Newton NJ 07860-1548

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5953383

Full Name (Last, First, Middle Initial)
B. Dr. Harold B. Glickman

Mailing Address
11321 Berger Ter.
City State Zip Code
Potomac MD 20854-2017

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5953382

Full Name (Last, First, Middle Initial)
C. Dr. Martha A. Jackson

Mailing Address
7700 N. Hills Blvd #900
City State Zip Code
North Little Rock AR 72116-4553

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Crestwood Foot Clinic Podiatrist

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

Transaction ID: 5946729

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 17 / 30	
	<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. Donald G. Havencsek

Mailing Address
7520 Sandy Point Rd. N.E.

City State Zip Code
Olympia WA 98516-9575

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 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: 5949854

Full Name (Last, First, Middle Initial)
B. Dr. Mark E. Pinker

Mailing Address
47 Brookwood Ave.

City State Zip Code
Carlisle PA 17013-9126

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 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: 5953391

Full Name (Last, First, Middle Initial)
C. Dr. Edward R. Neuwahl, Sr.

Mailing Address
779 Albemarle St.

City State Zip Code
Wyckoff NJ 07481-1075

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 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: 5946735

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 18 / 30	
	<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. Kirk M. Contento

Mailing Address
1D441 Circle Dr. #14-C

City State Zip Code
Oak Lawn IL 60453-6409

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 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: 5946758

Full Name (Last, First, Middle Initial)
B. Dr. Anthony R. Iorio

Mailing Address
238 Wilton Rd.

City State Zip Code
Westport CT 06880-2338

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Fairfield Podiatry Associates Occupation
Podiatrist

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

Transaction ID: 5946749

Full Name (Last, First, Middle Initial)
C. Dr. Carol F. LaRose

Mailing Address
1815 S. Yorktown Ave.

City State Zip Code
Tulsa OK 74104-5327

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Springer Clinic Occupation
Podiatrist

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

Transaction ID: 5946728

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 19 / 30	
	<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. Brian G. Moyles

Mailing Address
651 Franklyn Ave.

City State Zip Code
Indialantic FL 32903-4603

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Melbourne Podiatry Associates Podiatrist

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

Transaction ID: 5946756

Full Name (Last, First, Middle Initial)
B. Dr. Rosario J. LaBubera

Mailing Address
202 Morris Ave.

City State Zip Code
Mountain Lakes NJ 07046-1344

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 5946727

Full Name (Last, First, Middle Initial)
C. Dr. Craig S. Sehn

Mailing Address
1545 Hillview Dr.

City State Zip Code
Sarasota FL 34239

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W. Coast Podiatry Center, Inc. Podiatrist

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

Transaction ID: 5946751

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 20 / 30	
	<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. Patricia A. Moore

Mailing Address
3179 Andrews Rd.

City Buchanan State MI Zip Code 49107-9120

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation Podiatrist

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

Transaction ID: 5950039

Full Name (Last, First, Middle Initial)
B. Dr. Kevin R. Kreiman

Mailing Address
3D160 Mayfair

City Farmington Hills State MI Zip Code 48331-2156

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
50.00

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: 5946743

Full Name (Last, First, Middle Initial)
C. Dr. Clarence G. Clayton, III

Mailing Address
327 Chestnut St.

City Halstead State KS Zip Code 67056-2000

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer The Hertzler Clinic, P.A. Occupation Podiatrist

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

Transaction ID: 5950043

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 21 / 30	
	<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. James A. Fausett

Mailing Address
3777 S. Pecos-McLeod #103

City State Zip Code
Las Vegas NV 89121

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Eastern Podiatry Podiatrist

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

Transaction ID: 5950044

Full Name (Last, First, Middle Initial)
B. Dr. W. Steven Davis

Mailing Address
2109 Halderwood Ln.

City State Zip Code
Knoxville TN 37922-6138

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Foot Group Podiatrist

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

Transaction ID: 5949879

Full Name (Last, First, Middle Initial)
C. Dr. Paul E. Tipton

Mailing Address
159 Westwind Rd.

City State Zip Code
Louisville KY 40207-1545

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 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: 5946757

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 22 / 30	
	<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. Samir S. Vakil

Mailing Address
370 Bel Aire Ct
City State Zip Code
Punta Gorda FL 33950

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Foot & Ankle Centers of Charlotte Coun
Occupation
Podiatrist

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

Transaction ID: 5946752

Full Name (Last, First, Middle Initial)
B. Dr. Harry Goldsmith

Mailing Address
19224 Trentham Ave.
City State Zip Code
Cerritos CA 90703

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 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: 5946750

Full Name (Last, First, Middle Initial)
C. Dr. Amy B. Schunemeyer

Mailing Address
207 Estate Dr.
City State Zip Code
New Iberia LA 70560

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Foot Specialists of Acadiana
Occupation
Podiatrist

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

Transaction ID: 5946753

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 23 / 30	
	<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. Kenneth F. Malkin

Mailing Address
2D Moran Rd.

City State Zip Code
West Orange NJ 07052

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Caldwell Podiatry Center Podiatrist

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

Transaction ID: 5950953

B. Full Name (Last, First, Middle Initial)
Dr. Terry P. Smith

Mailing Address
2064 Michigan Ave

City State Zip Code
Salt Lake City UT 84108-1308

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 5950957

C. Full Name (Last, First, Middle Initial)
Dr. Thomas S. Miller

Mailing Address
1084 S. Ribaut Rd. #A

City State Zip Code
Beaufort SC 29902-5437

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatry Associates, P.A. Podiatrist

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

Transaction ID: 5950954

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 24 / 30
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Edward Grant Anderson

Mailing Address
411 Letcher St.

City State Zip Code
Henderson KY 42420

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 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: 5859213

Full Name (Last, First, Middle Initial)
B. Dr. Robert W. Tinsley, III

Mailing Address
3465 Shady Run Rd.

City State Zip Code
Melbourne FL 32934

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 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: 6012717

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	16650.00

**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 25 / 30
	<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)
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
03 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advest, Inc. Investment Firm

Amount of Each Receipt this Period
1736.01

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 4263.55

Transaction ID: 6056608

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1736.01
TOTAL This Period (last page this line number only)	▶	1736.01

**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 28 / 30

<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. Reed Committee		Date of Disbursement 03 / 06 / 2002
Mailing Address PO Box 8628 City Cranston State RI Zip Code 02920		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Jack Reed		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5870622
State: RI District: 1		

Full Name (Last, First, Middle Initial) B. Mike Bilirakis for Congress		Date of Disbursement 03 / 06 / 2002
Mailing Address P.O. Box 1077 City Tarpon Springs State FL Zip Code 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Mr. Michael Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5870625
State: FL District: 9		

Full Name (Last, First, Middle Initial) C. Davis for Congress		Date of Disbursement 03 / 06 / 2002
Mailing Address 5630 W. Division St City Chicago State IL Zip Code 60651		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00		011 Category/ Type
Candidate Name Mr. Danny K. Davis		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5870621
State: IL District: 7		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 30

<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. Friends of Roger Wicker		Date of Disbursement 03 / 06 / 2002	
Mailing Address P.O. Box 874 City State Zip Code Tupelo MS 38802		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Roger Wicker			
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) ▼	Transaction ID: 5870627	
State: MS District: 1			

Full Name (Last, First, Middle Initial) B. Cardoza For Congress		Date of Disbursement 03 / 06 / 2002	
Mailing Address 5578 Zeiner Court City State Zip Code Atwater CA 95301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Dennis Cardoza			
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) ▼	Transaction ID: 5870624	
State: CA District: 18			

Full Name (Last, First, Middle Initial) C. Talent For Senate Committee		Date of Disbursement 03 / 06 / 2002	
Mailing Address 1031 Executive Parkway Suite 100 City State Zip Code St Louis MO 63141		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. James Talent			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5870620	
State: MO District: 0			

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

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 30

<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. Wellstone For Senate			Date of Disbursement 03 / 06 / 2002	
Mailing Address PO Box 14377 City: St Paul State: MN Zip Code: 55114			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type		
Candidate Name Sen. Paul Wellstone				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 5870623	
State: MN District: 1				

Full Name (Last, First, Middle Initial) B. Friends of Jennifer B. Dunn			Date of Disbursement 03 / 11 / 2002	
Mailing Address P.O. Box 40110 City: Bellevue State: WA Zip Code: 98004			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type		
Candidate Name Ms. Jennifer Dunn				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 5805709	
State: WA District: 8				

Full Name (Last, First, Middle Initial) C. Friends of John Peterson			Date of Disbursement 03 / 18 / 2002	
Mailing Address P.O. Box 295 City: Pleasantville State: PA Zip Code: 16341			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type		
Candidate Name Mr. John E. Peterson				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 5834716	
State: PA District: 6				

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 30

<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. Mike Ross for Congress Committee		Date of Disbursement 03 / 18 / 2002	
Mailing Address PO Box 360 City State Zip Code Prescott AR 71857		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00		011 Category/ Type	
Candidate Name Michael Avery Ross		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: AR District: 4	
Transaction ID: 5934714			

Full Name (Last, First, Middle Initial) B. Hall For Congress Committee		Date of Disbursement 03 / 18 / 2002	
Mailing Address P.O. Box 711 City State Zip Code Rockwall TX 75087		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Mr. Ralph M. Hall		Disbursement For: 2002 <input type="checkbox"/> Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2002 General Electio	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: TX District: 4	
Transaction ID: 5934715			

Full Name (Last, First, Middle Initial) C. Pat Toomey For Congress Committee		Date of Disbursement 03 / 18 / 2002	
Mailing Address 2720 Jordan Road City State Zip Code Orefield PA 18069		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Patrick Toomey		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: PA District: 15	
Transaction ID: 5934717			

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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PAGE 30 / 30

<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. Richard E Neal For Congress Committee

Mailing Address
76 Magnolia Terrace
City Springfield State MA Zip Code 01108

Purpose of Disbursement
YTD:\$1,000.00

Candidate Name
Rep. Richard Neal

011
Category/
Type

Office Sought: House
Senate
President
State: MA District: 2

Disbursement For: 2002
 Primary General
Other (specify) ▼

Date of Disbursement

03 / 18 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: 5934838

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	12000.00