

**FEC
FORM 3X**

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

Office Use Only

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

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

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

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
	October 15 Quarterly Report(Q3)		Primary (12P) X	General (12G)	Runoff (12R)
	January 31 Quarterly Report(YE)		Convention (12C)	Special (12S)	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on 11 05 2002			in the State of US
	Termination Report (TER)		General (30G)	Runoff (30R)	Special (30S)
		Election on			in the State of

5. Covering Period 10 01 2002 through 10 18 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 10 22 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

Report Covering the Period: From: ^h10^h ^D01^D ^v2002^v To: ^h10^h ^D16^D ^v2002^v

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002 ^v		389550.56
(b) Cash on Hand at Beginning of Reporting Period	289774.30	
(c) Total Receipts (from Line 19)	7095.00	184010.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	296869.30	573561.08
7. Total Disbursements (from Line 30)	49000.00	325691.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	247869.30	247869.30
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^W10 ^D01 ^Y2002 To: ^W10 ^D16 ^Y2002

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)	1550.00	
(ii) Unitemized	5545.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7095.00	171171.00
(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)	7095.00	171171.00
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.)	0.00	12839.52
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)	7095.00	184010.52
20. Total Federal Receipts (subtract Line 18 from Line 19)	7095.00	184010.52

DETAILED SUMMARY PAGE

of Disbursements

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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	146859.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	146859.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	169570.69
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	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	9261.65
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	49000.00	325691.78
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	49000.00	325691.78
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	7095.00	171171.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	7095.00	171171.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	146859.44
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	146859.44

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 20	
	<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)
American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Joseph Caporusso

Mailing Address
217 E. Yellowhammer

City State Zip Code
McAllen TX 78504-1622

Date of Receipt
N M / D E / Y Y Y Y
10 02 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Complete Family Foot Care Podiatrist

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

Transaction ID: 7138160

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

Mailing Address
637 E. Matthews

City State Zip Code
Jonesboro AR 72401-3145

Date of Receipt
N M / D E / Y Y Y Y
10 06 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatry Group, The Foot Doctors Podiatrist

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

Transaction ID: 7160179

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

Mailing Address
372 Laurel St.

City State Zip Code
Morgantown WV 26505-3223

Date of Receipt
N M / D E / Y Y Y Y
10 07 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FootWise Podiatry of West Virginia Podiatrist

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

Transaction ID: 7243D87

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Dr. Bruce A. Olson

Mailing Address

6000 Bridgeview Dr.

City

State

Zip Code

Yenbura

CA

93003-1126

Date of Receipt

N M / D E / Y V V V
10 / 08 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Podiatrist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7169871

Full Name (Last, First, Middle Initial)

B. Dr. Vito N. Giardina

Mailing Address

12311 Michhaelsford Rd.

City

State

Zip Code

Cockeysville

MD

21030-2248

Date of Receipt

N M / D E / Y V V V
10 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 7199729

C.

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	1550.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Friends of Patrick Kennedy		Date of Disbursement 10 / 07 / 2002
Mailing Address PO BOX 321 City PAWTUCKET State RI Zip Code 02862		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Mr. Patrick J. Kennedy	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: RI District: 1	Transaction ID: 7225300	

Full Name (Last, First, Middle Initial) B. Nethercutt For Congress		Date of Disbursement 10 / 07 / 2002
Mailing Address P.O. Box 1925 City Spokane State WA Zip Code 99201		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name George R. Nethercutt, Jr.	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: WA District: 5	Transaction ID: 7225282	

Full Name (Last, First, Middle Initial) C. The Reed Committee		Date of Disbursement 10 / 07 / 2002
Mailing Address PO Box 862B City Cranston State RI Zip Code 02920		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Jack Reed	011 Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: RI District: 1	Transaction ID: 7225285	

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Friends Of John Tanner		Date of Disbursement 10 / 07 / 2002	
Mailing Address Post Office Box 1694 City Union City State TN Zip Code 38281		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name John S. Tanner		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TN District: 8	Transaction ID: 7225302	

Full Name (Last, First, Middle Initial) B. Collins For Senator		Date of Disbursement 10 / 07 / 2002	
Mailing Address PO Box 1096 City Bangor State ME Zip Code 04402		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Susan Collins		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District: 2	Transaction ID: 7225294	

Full Name (Last, First, Middle Initial) C. Doggett for U.S. Congress Committee		Date of Disbursement 10 / 07 / 2002	
Mailing Address P.O. Box 5843 City Austin State TX Zip Code 78703		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Lloyd Doggett		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 10	Transaction ID: 7225287	

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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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Kapbur For Congress		Date of Disbursement 10 / 07 / 2002	
Mailing Address 1841 Dority Rd City State Zip Code Toledo OH 43615		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Marcy Kapbur			
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) ▼	Transaction ID: 7225298	
State: OH District: 8			

Full Name (Last, First, Middle Initial) B. Jean Carnahan For Missouri Committee		Date of Disbursement 10 / 07 / 2002	
Mailing Address PO Box 1627 City State Zip Code Rolla MO 65402		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Jean Carnahan			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7225290	
State: MO District: 2			

Full Name (Last, First, Middle Initial) C. Friends of Sessions Senate Committee		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 4278 City State Zip Code Montgomery AL 36103		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Jeff Sessions			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7243230	
State: AL District: 2			

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Committee To Re-Elect Ed Towns		Date of Disbursement 10 / 11 / 2002	
Mailing Address 360 Clinton Ave., Apt. 6R City: Brooklyn State: NY Zip Code: 11238		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Edolphus Towns			
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) ▼	Transaction ID: 7243238	
State: NY District: 10			

Full Name (Last, First, Middle Initial) B. Citizens for Harkin		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 811 City: Des Moines State: IA Zip Code: 50304		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Senator Tom Harkin			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7243255	
State: IA District: 2			

Full Name (Last, First, Middle Initial) C. Hoosiers Supporting Buyer for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address 103 W. Broadway City: Monticello State: IN Zip Code: 47360		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7243213	
State: IN District: 6			

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Billy Tauzin Committee		Date of Disbursement 10 / 11 / 2002
Mailing Address 550 South Van City Houma State LA Zip Code 70361		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Mr. W.J. Tauzin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7243215
State: LA District: 3		

Full Name (Last, First, Middle Initial) B. Ben Cardin for Congress		Date of Disbursement 10 / 11 / 2002
Mailing Address 100 East Pratt St. City Baltimore State MD Zip Code 21202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Mr. Benjamin L. Cardin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7243251
State: MD District: 3		

Full Name (Last, First, Middle Initial) C. Stupak for Congress		Date of Disbursement 10 / 11 / 2002
Mailing Address P.O. Box 143 City Menominee State MI Zip Code 49858		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type
Candidate Name Mr. Bart Stupak		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7243239
State: MI District: 1		

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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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Norwood for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address 3643 Walton Way Extension City State Zip Code Augusta GA 30909		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Charlie Norwood		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 10	Transaction ID: 7243225	

Full Name (Last, First, Middle Initial) B. Rangel for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address 850 7th Avenue, #701 City State Zip Code New York NY 10019		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Charles B. Rangel		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 15	Transaction ID: 7243234	

Full Name (Last, First, Middle Initial) C. Hobson For Congress Committee		Date of Disbursement 10 / 11 / 2002	
Mailing Address 333 North Limestone St. City State Zip Code Springfield OH 45503		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. David L. Hobson		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 7	Transaction ID: 7243205	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)</p> <p>A. John D. Dingell for Congress Committee</p>		<p>Date of Disbursement</p> <p>10 / 11 / 2002</p>	
<p>Mailing Address</p> <p>607 Fourteenth St., NW</p> <p>City State Zip Code</p> <p>Washington DC 20005</p>		<p>Amount of Each Disbursement this Period</p> <p>4000.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name</p> <p>Mr. John D. Dingell</p>		<p>Transaction ID: 7243248</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: MI District: 16</p>			

<p>Full Name (Last, First, Middle Initial)</p> <p>B. Mike Bilirakis for Congress</p>		<p>Date of Disbursement</p> <p>10 / 11 / 2002</p>	
<p>Mailing Address</p> <p>P.O. Box 1077</p> <p>City State Zip Code</p> <p>Tarpon Springs FL 34688</p>		<p>Amount of Each Disbursement this Period</p> <p>2000.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name</p> <p>Mr. Michael Bilirakis</p>		<p>Transaction ID: 7243221</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: FL District: 9</p>			

<p>Full Name (Last, First, Middle Initial)</p> <p>C. Wynn for Congress</p>		<p>Date of Disbursement</p> <p>10 / 11 / 2002</p>	
<p>Mailing Address</p> <p>P.O. Box 5323</p> <p>City State Zip Code</p> <p>Capitol Heights MD 20791</p>		<p>Amount of Each Disbursement this Period</p> <p>1000.00</p>	
<p>Purpose of Disbursement</p>		<p>011 Category/ Type</p>	
<p>Candidate Name</p> <p>Mr. Albert R. Wynn</p>		<p>Transaction ID: 7243252</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>		
<p>State: MD District: 4</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Burr for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 5732 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Richard M. Burr		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 5	Transaction ID: 7243211	

Full Name (Last, First, Middle Initial) B. Friends of Jennifer B. Dunn		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 40110 City State Zip Code Bellevue WA 98004		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Ms. Jennifer Dunn		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WA District: 8	Transaction ID: 7243260	

Full Name (Last, First, Middle Initial) C. Levin for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address 30636 Dequindre City State Zip Code Warren MI 48092		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Sander M. Levin		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 12	Transaction ID: 7243238	

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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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
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Becerra for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address LHOB 1119 City Washington State DC Zip Code 20515		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Xavier Becerra		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 30	Transaction ID: 7243253	

Full Name (Last, First, Middle Initial) B. Dave Camp for Congress 2002		Date of Disbursement 10 / 11 / 2002	
Mailing Address 5815 Eastman Ave. Suite 100 City Midland State MI Zip Code 48640		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Dave Camp		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MI District: 4	Transaction ID: 7243209	

Full Name (Last, First, Middle Initial) C. Deal for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 902 City Gainesville State GA Zip Code 30503		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Nathan Deal		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 8	Transaction ID: 7243224	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Jefferson Committee			Date of Disbursement 10 / 11 / 2002	
Mailing Address 650 Poydras St Suite 2245 City State Zip Code New Orleans LA 70130			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name William J. Jefferson				
Office Sought: <input checked="" type="checkbox"/> House Senate President		Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: LA District: 2		Transaction ID: 7243249		

Full Name (Last, First, Middle Initial) B. Engel For Congress			Date of Disbursement 10 / 11 / 2002	
Mailing Address 462 California Rd City State Zip Code Bronxville NY 10708			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name Rep. Eliot Engel				
Office Sought: <input checked="" type="checkbox"/> House Senate President		Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NY District: 17		Transaction ID: 7243241		

Full Name (Last, First, Middle Initial) C. Friends of Jim McDermott			Date of Disbursement 10 / 11 / 2002	
Mailing Address 710 9th St SE City State Zip Code Washington DC 20003			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			011 Category/ Type	
Candidate Name Dr. Jim McDermott				
Office Sought: <input checked="" type="checkbox"/> House Senate President		Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: WA District: 7		Transaction ID: 7243229		

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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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Crane for Congress Committee		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 8534 City State Zip Code Rolling Meadows IL 60008		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Philip M. Crane		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 8	Transaction ID: 7243212	

Full Name (Last, First, Middle Initial) B. John Lewis for Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address 1520 Pinehurst Drive, SW City State Zip Code Atlanta GA 30311		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. John Lewis		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 5	Transaction ID: 7243254	

Full Name (Last, First, Middle Initial) C. Senator John Warner Committee		Date of Disbursement 10 / 11 / 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		011 Category/ Type	
Candidate Name Senator John W. Warner		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 1	Transaction ID: 7243257	

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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Upton for All of Us		Date of Disbursement 10 / 11 / 2002	
Mailing Address P.O. Box 490 City St. Joseph		State MI	Zip Code 49085
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. Fred Upton		011 Category/ Type	
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: MI District: 8	Transaction ID: 7243210		

Full Name (Last, First, Middle Initial) B. Friends of Sherrod Brown		Date of Disbursement 10 / 11 / 2002	
Mailing Address 111 Edgefield Dr. City Elyria		State OH	Zip Code 44035
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00	
Candidate Name Mr. Sherrod Brown		011 Category/ Type	
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: OH District: 13	Transaction ID: 7243237		

Full Name (Last, First, Middle Initial) C. Mark Pryor For US Senate		Date of Disbursement 10 / 11 / 2002	
Mailing Address Post Office Box 2720 City Little Rock		State AR	Zip Code 72203
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. Mark Pryor		011 Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: AR District: 0	Transaction ID: 7243261		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) Heather Wilson For Congress</p> <p>Mailing Address PO Box 14070 City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement 10 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>Candidate Name Rep. Heather Wilson</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: NM District: 1</p>		<p>011 Category/ Type</p> <p>Transaction ID: 7243197</p>
<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		

<p>B. Full Name (Last, First, Middle Initial) Michaud For Congress</p> <p>Mailing Address 213 Lisbon Street City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement 10 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>Candidate Name Mr. Michael Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: ME District: 2</p>		<p>011 Category/ Type</p> <p>Transaction ID: 7243243</p>
<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		

<p>C. Full Name (Last, First, Middle Initial) Friends Of John Conyers</p> <p>Mailing Address 12138 Central Ave Ste 194 City Mitchellville State MD Zip Code 20721</p> <p>Purpose of Disbursement</p>		<p>Date of Disbursement 10 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>Candidate Name Rep. John Conyers, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p> <p>State: MI District: 14</p>		<p>011 Category/ Type</p> <p>Transaction ID: 7243245</p>
<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		

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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				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. Coyne For Congress (William J Coyne)		Date of Disbursement 10 / 11 / 2002	
Mailing Address 33rd Floor Gulf Tower City State Zip Code Pittsburgh PA 15222		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. William Coyne		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14		Transaction ID: 7243228	

Full Name (Last, First, Middle Initial) B. Greenwood For Congress		Date of Disbursement 10 / 11 / 2002	
Mailing Address 50 East Court Street PO Box 1775 City State Zip Code Doylestown PA 18001		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. James Greenwood		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8		Transaction ID: 7243207	

C.

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	49000.00