

**FEC
FORM 3X**

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

Office Use Only

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

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

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

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

| | | | | | |
|--------------------------------|--|-------------|---|------------------|---------------------------------------|
| 4. TYPE OF REPORT (Choose One) | (a) Quarterly Reports: | Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | Nov 20 (M11) (Non-Election Year Only) |
| | April 15 Quarterly Report(Q1) | Mar 20 (M3) | X 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) | General (12G) | Runoff (12R) |
| | January 31 Quarterly Report(YE) | | PRE Election Report for the: | Convention (12C) | Special (12S) |
| | July 31 Mid-Year Report(Non-election Year Only) (MY) | | Election on | | in the State of |
| | Termination Report (TER) | | (d) 30-Day Post -Election Report for the: | General (30G) | Runoff (30R) |
| | | | Election on | | Special (30S) |
| | | | | | in the State of |

5. Covering Period 05 01 2002 through 05 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 06 19 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
APMA Podiatry Political Action Committee

Report Covering the Period: From: ^{Month} 05 ^{Day} 01 ^{Year} 2002 To: ^{Month} 05 ^{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 | 449396.29 | |
| (c) Total Receipts (from Line 19) | 28594.64 | 129950.39 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 477990.93 | 519500.95 |
| 7. Total Disbursements (from Line 30) | 23500.00 | 65010.02 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 454490.93 | 454490.93 |
| 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: ^{Month} 05 ^{Day} 01 ^{Year} 2002 To: ^{Month} 05 ^{Day} 31 ^{Year} 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) | 14105.00 | |
| (ii) Unitemized | 13266.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 27371.00 | 123200.00 |
| (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) | 27371.00 | 123200.00 |
| 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.) | 1223.64 | 6750.39 |
| 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) | 28594.64 | 129950.39 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 28594.64 | 129950.39 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 10.02 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 10.02 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 23500.00 | 65000.00 |
| 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)..... ▶ | 23500.00 | 65010.02 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 23500.00 | 65010.02 |
| <hr/> | | |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3)..... | 27371.00 | 123200.00 |
| 33. Total Contribution Refunds (from Line 28(d))..... | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 27371.00 | 123200.00 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 0.00 | 10.02 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 0.00 | 10.02 |

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

| | | | | |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 5 / 30 | |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Richard S. Weinbaum

Mailing Address
1538 Squire Davis Rd.

City State Zip Code
Kernersville NC 27284-8306

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Foot & Ankle Specialists, P.A. Podiatrist

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

Transaction ID: 6319090

B. Full Name (Last, First, Middle Initial)
Dr. Jill Lynn Jackson-Smith

Mailing Address
8829 S. 92nd E. Ct.

City State Zip Code
Tulsa OK 74133-4441

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Supulpa Foot & Ankle Clinic Podiatrist

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

Transaction ID: 6317475

C. Full Name (Last, First, Middle Initial)
Dr. Marc S. Bruel

Mailing Address
1145 Ryder Rd.

City State Zip Code
Chesterton IN 46304-3453

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
300.00

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) ▼ 300.00

Transaction ID: 6355504

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

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

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

Full Name (Last, First, Middle Initial)
A. Dr. John D. Ruff

Mailing Address
6801 N. Ruff Ln.

City State Zip Code
Peoria IL 61614-2843

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 6355506

Full Name (Last, First, Middle Initial)
B. Dr. James W. Slavosky

Mailing Address
1201 Vancouver Ave.

City State Zip Code
Burlingame CA 94010-5669

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 6426860

Full Name (Last, First, Middle Initial)
C. Dr. Dennis A. DiMatteo

Mailing Address
8 Greenbrier Dr.

City State Zip Code
Barrington RI 02806-3818

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 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: 6355928

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 |

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. Lisa M. Lipe

Mailing Address
5190 S.W. Oakridge
City State Zip Code
Lake Oswego OR 97035-3314

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 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: 6426864

Full Name (Last, First, Middle Initial)
B. Dr. L. Highland, DPM

Mailing Address
37767 Chase Run Drive
City State Zip Code
Sterling Heights MI 48310-4000

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2002

Amount of Each Receipt this Period
600.00

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) ▼ 600.00

Transaction ID: 6379289

Full Name (Last, First, Middle Initial)
C. Dr. Marc Weitzman

Mailing Address
10425 Kingston
City State Zip Code
Huntington Woods MI 48070-1113

Date of Receipt
M M / D D / Y Y Y Y
05 / 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: 6379289

SUBTOTAL of Receipts This Page (optional) ▶ **1350.00**

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 | <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. Randy K. Kaplan

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Mailing Address
25725 Coolidge Hwy.

City State Zip Code
Oak Park MI 48237-1430

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: 6379303

Full Name (Last, First, Middle Initial)
B. Dr. Ted Zusman, DPM

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Mailing Address
23700 Gratiot Ave.

City State Zip Code
Eastpointe MI 48221-1647

Amount of Each Receipt this Period
600.00

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) ▼ 600.00

Transaction ID: 6379301

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

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Mailing Address
4740 Bonnie Ct.

City State Zip Code
West Bloomfield MI 48322-4467

Amount of Each Receipt this Period
375.00

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) ▼ 375.00

Transaction ID: 6379297

SUBTOTAL of Receipts This Page (optional) ▶ **1225.00**

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

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

| | | | | |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 9 / 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. Jacques G. Damon

Mailing Address
26900 Creswood Dr.

City State Zip Code
Franklin MI 48025

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period
800.00

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) ▼ 800.00

Transaction ID: 6379287

Full Name (Last, First, Middle Initial)
B. Dr. Leonard A. Yourofsky

Mailing Address
25811 W. 12 Mile Rd. #205

City State Zip Code
Southfield MI 48034

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period
375.00

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) ▼ 375.00

Transaction ID: 6379300

Full Name (Last, First, Middle Initial)
C. Dr. Irvin O. Karst

Mailing Address
2 Hickory Hollow

City State Zip Code
Bingham Farms MI 48025-2568

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 6379292

SUBTOTAL of Receipts This Page (optional) ▶ **1225.00**

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 |

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. Oleh Roman Lewin

Mailing Address
4595 Nathan Dr.
City State Zip Code
Sterling Heights MI 48310-2658

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period
375.00

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) ▼ 375.00

Transaction ID: 6379294

Full Name (Last, First, Middle Initial)
B. Dr. Thomas R. Kemp

Mailing Address
2711 Longview Ln.
City State Zip Code
Suamico WI 54173-8020

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bay Area Foot Clinic Podiatrist

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

Transaction ID: 6379353

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

Mailing Address
3011 N.E. West Devils Lake Rd.
City State Zip Code
Lincoln City OR 97367-5131

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lincoln County Foot Health Center Podiatrist

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

Transaction ID: 6379333

SUBTOTAL of Receipts This Page (optional) ▶ **875.00**

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 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 16 |

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Sheryl Goldstein

Mailing Address
1362 Sweetbriar Rd.

City State Zip Code
Perkasie PA 18944-3954

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2002

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 800.00

Transaction ID: 6379288

Full Name (Last, First, Middle Initial)
B. Dr. Warren Mangel

Mailing Address
41 Progress Pl.

City State Zip Code
Voorhees NJ 08043-3312

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2002

Amount of Each Receipt this Period
125.00

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: 6379272

Full Name (Last, First, Middle Initial)
C. Dr. Glenn A. Ocker

Mailing Address
2105 N. Tulare Ct.

City State Zip Code
Upland CA 91784-1425

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2002

Amount of Each Receipt this Period
255.00

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) ▼ 255.00

Transaction ID: 6426875

SUBTOTAL of Receipts This Page (optional) ▶ **980.00**

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 |

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. Michael R. Joyce

Mailing Address
519 S. Van Buren Rd. #D

City State Zip Code
Eden NC 27288-5015

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 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: 6439884

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

Mailing Address
1120 Three Degree Rd.

City State Zip Code
Butler PA 16002-7908

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ankle & Foot Center Podiatrist

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

Transaction ID: 6439880

Full Name (Last, First, Middle Initial)
C. Dr. Katherine Bailey

Mailing Address
1907 Washington St #100

City State Zip Code
Oregon IL 61061-1022

Date of Receipt
M M / D D / Y Y Y Y
05 / 13 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bailey & Associates Podiatrist

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

Transaction ID: 6439886

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

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Deborah A. DeRose

Mailing Address
880 Old Post Rd.
City: Fairfield State: CT Zip Code: 06430-8403

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 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: 6426894

Full Name (Last, First, Middle Initial)
B. Dr. Seth A. Rubenstein

Mailing Address
1322 Pavilion Club Way
City: Reston State: VA Zip Code: 20194-1338

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Podiatrist
Fox Mill Podiatry Center

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

Transaction ID: 6439891

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

Mailing Address
925 Clifton Ave. #108
City: Clifton State: NJ Zip Code: 07013-2724

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2002

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Podiatrist
Clifton Foot & Ankle Center

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

Transaction ID: 6427857

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 30

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

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Martin M. Pressman

Mailing Address

344 Long Meadow Rd.

City

State

Zip Code

Orange

CT

06477-1636

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 1 5 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Milford Podiatry Associates

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6426898

Full Name (Last, First, Middle Initial)

B. Dr. Scott A. Hamilton

Mailing Address

8141 Rourke St.

City

State

Zip Code

Myrtle Beach

SC

29572

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 1 6 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Coastal Podiatry Associates, PA

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6439803

Full Name (Last, First, Middle Initial)

C. Dr. Richard L. Brown

Mailing Address

3505 Aberdeen Ct.

City

State

Zip Code

Springfield

IL

62704-5564

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 1 7 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Prairie Podiatry, L.L.C.

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 6439908

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: PAGE 15 / 30

(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Donald R. Skvor

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 5 / 2 0 / 2 0 0 2

3085 Flint Dr.

City

State

Zip Code

Memphis

TN

38115-2309

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: 6449683

Full Name (Last, First, Middle Initial)

B. Dr. Roland A. Toliver, Jr.

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 5 / 2 0 / 2 0 0 2

2818 Bayberry Ct.

City

State

Zip Code

Freeport

IL

61032-9220

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Freeport Podiatry Services

Occupation
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 6449689

Full Name (Last, First, Middle Initial)

C. Dr. William P. Crotty

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
0 5 / 2 0 / 2 0 0 2

5801 Park Ave.

City

State

Zip Code

Fort Smith

AR

72903-1428

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

500.00

Name of Employer
Crotty Foot Clinic, P.A.

Occupation
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

500.00

Transaction ID: 6449691

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

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Donald James Carlson

Mailing Address
711 N.W. 8th St.

City State Zip Code
Pendleton OR 97801-1319

Date of Receipt
M M / D D / Y Y Y Y
05 / 21 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hemiston Family Foot Clinic Podiatrist

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

Transaction ID: 6449687

Full Name (Last, First, Middle Initial)
B. Dr. Bruce J. McLaughlin

Mailing Address
543 Manatuck Blvd.

City State Zip Code
Brightwaters NY 11718-1025

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 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: 6449677

Full Name (Last, First, Middle Initial)
C. Dr. Les J. Glubo

Mailing Address
533 Churchill Rd.

City State Zip Code
Teaneck NJ 07866-2905

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 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: 6449680

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 17 / 30

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

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael A. Conway

Mailing Address
882 N. Broadway

City State Zip Code
North Massapequa NY 11758-2352

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Massapequa Foot Care

Occupation
Podiatrist

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

Transaction ID: 6449676

B. Full Name (Last, First, Middle Initial)
Dr. Glenn S. Gold, Jr.

Mailing Address
444 N. 400 E.

City State Zip Code
Bountiful UT 84010-4608

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Self-Employed

Occupation
Podiatrist

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

Transaction ID: 6472676

C. Full Name (Last, First, Middle Initial)
Dr. Kent S. Martin

Mailing Address
141 Stoney Creek Dr.

City State Zip Code
Florence AL 35033-1562

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer
Martin Foot Specialists, Inc.

Occupation
Podiatrist

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

Transaction ID: 6472683

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 |

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

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

A. Full Name (Last, First, Middle Initial)
Dr. G. Michael Johnson, Jr.

Mailing Address
P.O. Box 8407

City State Zip Code
Mobile AL 36689-0407

Date of Receipt
M M / D D / Y Y Y Y
05 / 28 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Center Podiatry, P.C. Podiatrist

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

Transaction ID: 6472674

B. Full Name (Last, First, Middle Initial)
Dr. Angela P. Dominique

Mailing Address
6575 Mill Creek Cir.

City State Zip Code
Birmingham AL 35242-7322

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fukondale Foot Clinic Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: 6472671

C. Full Name (Last, First, Middle Initial)
Dr. Brian Keshan

Mailing Address
12218 Long Lake Dr.

City State Zip Code
Owings Mills MD 21117-1243

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 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: 6472663

| | | |
|--|---|-----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 14105.00 |

**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 19 / 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 |

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

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

Full Name (Last, First, Middle Initial)
A. Brokerage Firm Advest, Inc.

Mailing Address
17 W. Main Street

City State Zip Code
Avon CT 06001-3717

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2002

FEC ID number of contributing federal political committee. 1223.64

Name of Employer Occupation
Adest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 6750.39

Amount of Each Receipt this Period
1223.64

Transaction ID: 6526593

B.

C.

| | | |
|--|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1223.64 |
| TOTAL This Period (last page this line number only) | ▶ | 1223.64 |

**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 21 / 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 | | | | |

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. Levin for Congress | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address 30636 Dequindre City Warren State MI Zip Code 48092 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Mr. Sander M. Levin | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: MI District: 12 | Transaction ID: 6420328 | |

| | | | |
|---|-----------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Friends of Blanche Lincoln | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address P.O. Box 3187 City Little Rock State AR Zip Code 72203 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Blanche Lambert Lincoln | | Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | State: AR District: 1 | Transaction ID: 6420329 | |

| | | | |
|---|------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Anna Eshoo for Congress | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address 555 Capitol Mall Ste 1425 City Sacramento State CA Zip Code 95814 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Ms. Anna G. Eshoo | | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: CA District: 14 | Transaction ID: 6420330 | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 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 | | | | |

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. Upton for All of Us | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address P.O. Box 490 City St. Joseph | | Amount of Each Disbursement this Period 1000.00 | |
| State: MI | District: 8 | Zip Code 49085 | Transaction ID: 6420332 |
| Purpose of Disbursement | | Category/Type 011 | |
| Candidate Name Mr. Fred Upton | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |

| | | | |
|---|-------------|---|-------------------------|
| Full Name (Last, First, Middle Initial) B. Chambliss For Senate | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address P.O. Box 4084 City Macon | | Amount of Each Disbursement this Period 500.00 | |
| State: GA | District: 8 | Zip Code 31208 | Transaction ID: 6420334 |
| Purpose of Disbursement | | Category/Type 011 | |
| Candidate Name Saxby Chambliss | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | | | |

| | | | |
|---|-------------|---|-------------------------|
| Full Name (Last, First, Middle Initial) C. Redwine Congressional Committee | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address 33533 So Ridge Road City Sioux City | | Amount of Each Disbursement this Period 500.00 | |
| State: IA | District: 6 | Zip Code 51108 | Transaction ID: 6420324 |
| Purpose of Disbursement | | Category/Type 011 | |
| Candidate Name Mr. John Redwine | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 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 |

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. Shugars For Congress | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address 5315 Angling Rd City State Zip Code Portage MI 49024 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Dale Shugars | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: MI District: 8 | Transaction ID: 6420327 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ron Lewis For Congress 2000 | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address PO Box 307 City State Zip Code Elizabethtown KY 42702 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Rep. Ron Lewis | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: KY District: 2 | Transaction ID: 6420331 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Heather Wilson For Congress | | Date of Disbursement 05 / 07 / 2002 | |
| Mailing Address PO Box 14070 City State Zip Code Albuquerque NM 87191 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Rep. Heather Wilson | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: NM District: 1 | Transaction ID: 6420335 | | |

| | |
|--|----------------|
| 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 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 | | | | |

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. Earl Pomeroy For Congress | | Date of Disbursement 05 / 13 / 2002 |
| Mailing Address P.O. Box 746 City Bismarck State ND Zip Code 58502 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | 011 Category/ Type |
| Candidate Name Mr. Earl Pomeroy | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 6426929 |
| State: ND District: 1 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Nethercutt For Congress | | Date of Disbursement 05 / 13 / 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 | | 011 Category/ Type |
| Candidate Name George R. Nethercutt, Jr. | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 6426931 |
| State: WA District: 5 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Gephardt in Congress Committee | | Date of Disbursement 05 / 13 / 2002 |
| Mailing Address 7435 Watson Rd. City St. Louis State MO Zip Code 63119 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | 011 Category/ Type |
| Candidate Name Mr. Richard A. Gephardt | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 6426933 |
| State: MO District: 3 | | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 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 | | | | |

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. Rob Andrews for Congress Committee | | Date of Disbursement 05 / 13 / 2002 |
| Mailing Address 20 Brace Road Suite 200 City State Zip Code Cherry Hill NJ 08034 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | Candidate Name Mr. Robert E. Andrews | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | |
| State: NJ District: 1 | Transaction ID: 6426938 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Roger Wicker | | Date of Disbursement 05 / 13 / 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 | Candidate Name Mr. Roger Wicker | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | |
| State: MS District: 1 | Transaction ID: 6426937 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mark Pryor For US Senate | | Date of Disbursement 05 / 13 / 2002 |
| Mailing Address Post Office Box 2720 City State Zip Code Little Rock AR 72203 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | Candidate Name Mr. Mark Pryor | 011 Category/ Type |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | |
| State: AR District: 0 | Transaction ID: 6426934 | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 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 | | | | |

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. Friends of Connie Morella | | | Date of Disbursement 05 / 15 / 2002 | |
| Mailing Address 7315 Wisconsin Ave. 450W City: Bethesda State: MD Zip Code: 20814 | | | Amount of Each Disbursement this Period -1000.00 | |
| Purpose of Disbursement Voids Check | | | 011 Category/ Type | |
| Candidate Name Mrs. Constance A. Morella | | | Voids Check | |
| 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: 6426832 | |
| State: MD District: 8 | | | | |

| | | | | |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Sheila Jackson Lee for Congress | | | Date of Disbursement 05 / 15 / 2002 | |
| Mailing Address 1823 Banks Street City: Houston State: TX Zip Code: 77098 | | | Amount of Each Disbursement this Period -1000.00 | |
| Purpose of Disbursement Voids Check | | | 011 Category/ Type | |
| Candidate Name Ms. Sheila Jackson Lee | | | Voids Check | |
| 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: 6426830 | |
| State: TX District: 18 | | | | |

| | | | | |
|---|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. Whitfield for Congress Committee | | | Date of Disbursement 05 / 23 / 2002 | |
| Mailing Address 200 E. 9th Street City: Hopkinsville State: KY Zip Code: 42240 | | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | | 011 Category/ Type | |
| Candidate Name Mr. Edward Whitfield | | | Transaction ID: 6451102 | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | | |
| State: KY District: 1 | | | | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 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 | | | | |

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. Tim Johnson for South Dakota -House | | Date of Disbursement 05 / 23 / 2002 |
| Mailing Address P.O. Box 88113 City: Sioux Falls State: SD Zip Code: 57105 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | 011 Category/ Type |
| Candidate Name Mr. Tim Johnson | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 6451103 |
| State: SD District: 1 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Friends of Jennifer B. Dunn | | Date of Disbursement 05 / 23 / 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 | | 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: 6451109 |
| State: WA District: 8 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Anne Northup For Congress | | Date of Disbursement 05 / 23 / 2002 |
| Mailing Address 3340 Lexington Road City: Louisville State: KY Zip Code: 40208 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement | | 011 Category/ Type |
| Candidate Name Anne Meagher Northup | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: 6451089 |
| State: KY District: 3 | | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 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 | | | | |

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. Fletcher for Congress | | Date of Disbursement 05 / 23 / 2002 | |
| Mailing Address P.O. Box 4703 City Lexington State KY Zip Code 40544 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Ernest L. Fletcher | | | |
| 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: 6451024 | |
| State: KY District: 8 | | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. Collins For Senator | | Date of Disbursement 05 / 23 / 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 | | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | Transaction ID: 6451100 | |
| State: ME District: 2 | | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. McConnell Senate Committee | | Date of Disbursement 05 / 23 / 2002 | |
| Mailing Address P.O. Box 1496 City Louisville State KY Zip Code 40201 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Senator Mitch McConnell | | | |
| 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: 6451101 | |
| State: KY 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**

Use separate schedule(s)
for each category of the
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 | | | | |

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. Jean Carnahan For Missouri Committee | | Date of Disbursement 05 / 23 / 2002 | |
| Mailing Address PO Box 1627 City: Rolla State: MO Zip Code: 65402 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Sen. Jean Carnahan | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 2 | | Transaction ID: 6451108 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ed Schrock For Congress | | Date of Disbursement 05 / 23 / 2002 | |
| Mailing Address P.O. Box 61480 City: Virginia Beach State: VA Zip Code: 23468 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Rep. Edward Schrock | | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2 | | Transaction ID: 6451105 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Geoff Davis 2002 | | Date of Disbursement 05 / 23 / 2002 | |
| Mailing Address PO Box 17182 City: Fort Mitchell State: KY Zip Code: 41017 | | Amount of Each Disbursement this Period 500.00 | |
| Purpose of Disbursement | | 011 Category/ Type | |
| Candidate Name Mr. Geoffrey Davis | | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4 | | Transaction ID: 6451106 | |

| | |
|--|----------------|
| 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 |

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. John Nutting For Congress | | Date of Disbursement 05 / 23 / 2002 | |
| Mailing Address 805 River Road City Leeds | | State ME | Zip Code 04263 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period 500.00 | |
| Candidate Name Mr. John Nutting | | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | | |
| State: ME District: 2 | Transaction ID: 6451107 | | |

B.

C.

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 500.00 |
| TOTAL This Period (last page this line number only) | 23500.00 |