

**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 NEW (N) OR AMENDED (A)

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

5. Covering Period 02 01 2002 through 02 28 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 03 14 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.

Office
Use
Only

FEC FORM 3X
(Revised 1/2001)

**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: ^h0^h2^v ^D0¹ ^v ²00² To: ^h0² ^D2⁸ ^v ²00²

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v ² 00 ²		389550.56
(b) Cash on Hand at Beginning of Reporting Period	397882.47	
(c) Total Receipts (from Line 19)	32436.74	44771.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	430319.21	434322.10
7. Total Disbursements (from Line 30)	6002.89	10005.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	424316.32	424316.32
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: ^W02 ^D01 ^Y2002 To: ^W02 ^D28 ^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)	12000.00	
(ii) Unitemized	18313.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30313.00	42244.00
(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)	30313.00	42244.00
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.)	2123.74	2527.54
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)	32436.74	44771.54
20. Total Federal Receipts (subtract Line 18 from Line 19)	32436.74	44771.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2.89	5.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2.89	5.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	10000.00
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)..... ▶	6002.89	10005.78
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	6002.89	10005.78
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	30313.00	42244.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	30313.00	42244.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2.89	5.78
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2.89	5.78

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Ross E. Taubman

Mailing Address
17325 Moss Side Ln.

City State Zip Code
Olney MD 20832

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Columbia Foot & Ankle Assoc. Podiatrist

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

Transaction ID: 5736367

B. Full Name (Last, First, Middle Initial)
Dr. Kevin C. McDonald

Mailing Address
718 W. Lane St.

City State Zip Code
Brooklet GA 30415

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Family Foot Care Podiatrist

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

Transaction ID: 5734958

C. Full Name (Last, First, Middle Initial)
Dr. Elba E. Chirel

Mailing Address
3 Beacon Hill Rd.

City State Zip Code
Port Washington NY 11050-3003

Date of Receipt
M M / D D / Y Y Y Y
02 / 12 / 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: 5734951

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 23

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 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. James M. Flynn

Mailing Address
1D218 Mantle Ct

City State Zip Code
Oklahoma City OK 73162

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5770411

B. Full Name (Last, First, Middle Initial)
Dr. Edwin Ud Essien

Mailing Address
4316 McInnis Ave.

City State Zip Code
Moss Point MS 39563-2812

Date of Receipt
M M / D D / Y Y Y Y
02 / 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: 5770418

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

Mailing Address
1804 Elmhurst Ave.

City State Zip Code
Oklahoma City OK 73120

Date of Receipt
M M / D D / Y Y Y Y
02 / 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: 5770427

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
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(check only one)

PAGE 7 / 23

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert Douglas Sowell

Mailing Address
16 N. Filly Ln.

City State Zip Code
Edmond OK 73034-7612

Date of Receipt
M M / D D / Y Y Y Y
02 / 15 / 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: 5770428

B. Full Name (Last, First, Middle Initial)
Dr. Charles F. Call

Mailing Address
718 Baulahs Ln.

City State Zip Code
Idaho Falls ID 83401-0000

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 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: 5798292

C. Full Name (Last, First, Middle Initial)
Dr. Joseph G. D'Amico

Mailing Address
393 W. 57th St.

City State Zip Code
New York NY 10019-3159

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5798252

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 8 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. John V. Simons

Mailing Address
6001 Southwinds Dr.

City State Zip Code
North Little Rock AR 72118-5234

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Federal Service Podiatrist

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

Transaction ID: 5796848

Full Name (Last, First, Middle Initial)
B. Dr. Keith J. Kalish

Mailing Address
2500 Quincy Ave.

City State Zip Code
Fort Pierce FL 34947

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 5798271

Full Name (Last, First, Middle Initial)
C. Dr. Timothy D. Kemple

Mailing Address
11 Elwood Rd.

City State Zip Code
Derry NH 03038-5428

Date of Receipt
M M / D D / Y Y Y Y
02 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Podiatrist

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

Transaction ID: 5798262

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Stanley A. Gorgal

Mailing Address
5 Terracewood Rd.

City State Zip Code
Londonderry NH 03053-2409

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Hampshire Podiatric Medical Assn. Podiatrist

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

Transaction ID: 5798263

Full Name (Last, First, Middle Initial)
B. Dr. Tyler B. Brahm

Mailing Address
1950 Sever Dr.

City State Zip Code
Clearwater FL 33764

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 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: 5798281

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

Mailing Address
460 Main St. #2

City State Zip Code
Oneonta NY 13820-2027

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 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: 5798285

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Robert J. Warkala

Mailing Address
445 Hurffville-Crosskeys Rd. #B6
City State Zip Code
Sewell NJ 08080-2319

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
KSB Medical Group

Occupation
Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: 5798260

Full Name (Last, First, Middle Initial)
B. Dr. Michael J. Wessale

Mailing Address
2245 River View Dr.
City State Zip Code
Rock Falls IL 61071

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
KSB Medical Group

Occupation
Podiatrist

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

Transaction ID: 5798288

Full Name (Last, First, Middle Initial)
C. Dr. Patrick A. McShane

Mailing Address
3414 S. Hall
City State Zip Code
Springfield MO 65804-4800

Date of Receipt
M M / D D / Y Y Y Y
02 / 19 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed
KSB Medical Group

Occupation
Podiatrist

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

Transaction ID: 5798258

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 11 / 23

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Kent L. Magrini

Mailing Address
6917 S. 30th

City State Zip Code
Fort Smith AR 72903-8967

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

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Foot Health Center Podiatrist

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

Transaction ID: 5798254

B. Full Name (Last, First, Middle Initial)
Dr. Karl Boesenberg

Mailing Address
320 Oceanview Dr.

City State Zip Code
Anchorage AK 99515

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AK Podiatry Associates Podiatrist

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

Transaction ID: 5798133

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth C. Swayman

Mailing Address
2741 Debarr Rd. #C-315

City State Zip Code
Anchorage AK 99508

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AK Podiatry Associates Podiatrist

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

Transaction ID: 5798132

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Barry Saffran

Date of Receipt

Mailing Address

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

5848 Farview Woods Dr.

City State Zip Code

Fairfax Station VA 22039

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Foot Health Center of Northern VA	Occupation Podiatrist
---	--------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 5770444

Full Name (Last, First, Middle Initial)

B. Dr. Douglas A. O'Heir

Date of Receipt

Mailing Address

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

5 Newland Ave.

City State Zip Code

Waterville ME 04901-5450

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: 5770442

Full Name (Last, First, Middle Initial)

C. Dr. Thomas J. Orterzo

Date of Receipt

Mailing Address

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

2315 Freysville Rd.

City State Zip Code

Red Lion PA 17356

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Associated Foot & Ankle Specialists	Occupation Podiatrist
---	--------------------------

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 5770448

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. James D. Ritchin

Mailing Address
330 W. 5th Ave.
City Columbus State OH Zip Code 43201

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Colonial Podiatry Occupation Podiatrist

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

Transaction ID: 5798141

Full Name (Last, First, Middle Initial)
B. Dr. Steven H. Gickman

Mailing Address
4821 Park Hill Ct.
City West Bloomfield State MI Zip Code 48323-3557

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Transaction ID: 5798877

Full Name (Last, First, Middle Initial)
C. Dr. James C. Anderson

Mailing Address
5037 Saffron Ct.
City Fort Collins State CO Zip Code 80525-5548

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Poudre Valley Foot & Ankle Clinic Occupation Podiatrist

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

Transaction ID: 5822855

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Leslie G. Levy

Mailing Address
23881 W. McBean Pkwy. #E26

City State Zip Code
Valencia CA 91355-2003

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5822878

B. Full Name (Last, First, Middle Initial)
Dr. Paul Schwarzenraub

Mailing Address
P.O. Box 84457

City State Zip Code
Lubbock TX 79464-4457

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5822878

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

Mailing Address
1345 Sunburst

City State Zip Code
Northbrook IL 60062

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5822858

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Keith A. Turington

Mailing Address
10000 Watson Rd. #2R

City State Zip Code
Crestwood MO 63126-1854

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5823158

Full Name (Last, First, Middle Initial)
B. Dr. Rebecca Smiley-Leis

Mailing Address
272 E. Woodlander Ct.

City State Zip Code
Eagle ID 83616

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Idaho Foot & Ankle Associates Podiatrist

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

Transaction ID: 5822867

Full Name (Last, First, Middle Initial)
C. Dr. Ira Kreis

Mailing Address
20 Dogwood Trl.

City State Zip Code
Ringgold GA 30736

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Foot Care Podiatrist

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

Transaction ID: 5822863

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Thomas F. Vail

Mailing Address
2D1 Mohican Rd.

City State Zip Code
Findlay OH 45840-6322

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5823156

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

Mailing Address
190 Old Mill Rd.

City State Zip Code
Fairfield CT 06430-4928

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5822874

Full Name (Last, First, Middle Initial)
C. Dr. Lloyd S. Smith

Mailing Address
65 Hartman Rd.

City State Zip Code
Newton Center MA 02459-3035

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Podiatrist

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

Transaction ID: 5822872

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

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 23

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Martin Clayton Harris

Mailing Address
7D Hillside Rd.

City State Zip Code
Cumberland RI 02864-3206

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Martin C. Harris & Associates Podiatrist

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

Transaction ID: 5798227

B. Full Name (Last, First, Middle Initial)
Dr. Brian W. Cornel

Mailing Address
3 Algonquin Dr.

City State Zip Code
Middletown RI 02842-4573

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 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: 5798225

C. Full Name (Last, First, Middle Initial)
Dr. Bruce R. Safarin

Mailing Address
7205 Pine Cone Ln.

City State Zip Code
Sylvania OH 43560-3812

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Complete Foot Care Center Podiatrist

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

Transaction ID: 5798223

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 18 / 23	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Dr. Robert J. Lenfestey, Sr.

Mailing Address
113 Birklands Dr.
City State Zip Code
Cary NC 27511

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Piedmont Foot & Ankle Clinic, P.A. Podiatrist

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

Transaction ID: 5798224

Full Name (Last, First, Middle Initial)
B. Dr. Lynn LeBlanc

Mailing Address
12 Trevor Ln.
City State Zip Code
East Granby CT 06026

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 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: 5823695

Full Name (Last, First, Middle Initial)
C. Dr. Tara L. F. Blasingsma

Mailing Address
2930 Colony
City State Zip Code
Huntsville AL 35802

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 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: 5823507

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 23
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Dr. David Y. S. Yee

Mailing Address
9B-1425 D Kashumanu St

City State Zip Code
Aiea HI 06701

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer HI Foot Clinic	Occupation Podiatrist
------------------------------------	--------------------------

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

Transaction ID: 5823890

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	12000.00

**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 20 / 23
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address
17 W. Main Street

City State Zip Code
Avon CT 06001-3717

Date of Receipt
M M / D D / Y Y Y Y
02 / 01 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
735.99

Name of Employer
Adest, Inc.

Occupation
Investment Firm

Receipt For: Aggregate Year-to-Date ▼ Interest & Dividends
Primary General
Other (specify) ▼ 1139.79

Transaction ID: 5815219

Full Name (Last, First, Middle Initial)
B. 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
02 / 28 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
1387.75

Name of Employer
Adest, Inc.

Occupation
Investment Firm

Receipt For: Aggregate Year-to-Date ▼ Interest and Dividends
Primary General
Other (specify) ▼ 2527.54

Transaction ID: 5914432

C.

SUBTOTAL of Receipts This Page (optional)	▶	2123.74
TOTAL This Period (last page this line number only)	▶	2123.74

**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 / 23

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

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

Full Name (Last, First, Middle Initial) A. People For English		Date of Disbursement 02 / 01 / 2002
Mailing Address P.O. Box 1940 City: Erie State: PA Zip Code: 16507		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Phil English		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5796559
State: PA District: 21		

Full Name (Last, First, Middle Initial) B. Pickering For Congress		Date of Disbursement 02 / 14 / 2002
Mailing Address Po Box 844D City: Laurel State: MS Zip Code: 39441		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Charles W. Pickering, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5796553
State: MS District: 3		

Full Name (Last, First, Middle Initial) C. Friends of Sam Johnson		Date of Disbursement 02 / 14 / 2002
Mailing Address P.O. Box 516145 City: Dallas State: TX Zip Code: 75251		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	Category/ Type 011	
Candidate Name Mr. Sam Johnson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5796554
State: TX 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 22 / 23

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

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

Full Name (Last, First, Middle Initial) A. Stupak for Congress		Date of Disbursement 02 / 14 / 2002	
Mailing Address P.O. Box 143 City Menominee		State MI	Zip Code 49858
Purpose of Disbursement YTD:\$500.00		Amount of Each Disbursement this Period 500.00	
Candidate Name Mr. Bart Stupak		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: MI District: 1	Transaction ID: 5798557		

Full Name (Last, First, Middle Initial) B. Norwood for Congress		Date of Disbursement 02 / 14 / 2002	
Mailing Address 3643 Walton Way Extension City Augusta		State GA	Zip Code 30608
Purpose of Disbursement YTD:\$500.00		Amount of Each Disbursement this Period 500.00	
Candidate Name Mr. Charlie Norwood		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: GA District: 10	Transaction ID: 5798558		

Full Name (Last, First, Middle Initial) C. Dave Camp for Congress 2000		Date of Disbursement 02 / 14 / 2002	
Mailing Address 5915 Eastman Ave. Suite 100 City Midland		State MI	Zip Code 48640
Purpose of Disbursement YTD:\$1,000.00		Amount of Each Disbursement this Period 1000.00	
Candidate Name Mr. Dave Camp		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: MI District: 4	Transaction ID: 5798555		

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 / 23

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Sherrod Brown

Mailing Address

111 Edgefield Dr.

City

Elyria

State

OH

Zip Code

44035

Purpose of Disbursement

YTD:\$1,000.00

Candidate Name

Mr. Sherrod Brown

011

Category/
Type

Office Sought: House

Senate

President

State: OH

District: 13

Disbursement For: 2002

Primary General

Other (specify) ▼

Date of Disbursement

02 / 14 / 2002

Amount of Each Disbursement this Period

1000.00

Transaction ID: 5798558

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶ **1000.00**

TOTAL This Period (last page this line number only) ▶ **6000.00**