

**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 X AMENDED (A)

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

5. Covering Period 05 01 2001 through 05 31 2001

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 01 07 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} 2001 To: ^{Month} 05 ^{Day} 31 ^{Year} 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period	329297.01	
(c) Total Receipts (from Line 19)	13745.21	103875.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	343042.22	398542.22
7. Total Disbursements (from Line 30)	11100.00	66600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	331942.22	331942.22
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 800-426-9530
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:

05 01 2001

To:

05 31 2001

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)	6352.21	
(ii) Unitemized	7393.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13745.21	102410.49
(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)	13745.21	102410.49
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1465.09
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)	13745.21	103875.58
20. Total Federal Receipts (subtract Line 18 from Line 19)	13745.21	103875.58

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	66500.00
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.....	100.00	100.00
(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))..... ▶	100.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	11100.00	66600.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	11100.00	66600.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	13745.21	102410.49
33. Total Contribution Refunds (from Line 28(d)).....	100.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	13645.21	102310.49
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
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	0.00

**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 5 / 15	
	<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. Robert Fimmel

Mailing Address
4448 Diamond Cir. S.

City State Zip Code
Sarasota FL 34233-2062

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sarasota Footcare Center, P.A. Podiatrist

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

Transaction ID: 4967043

B. Full Name (Last, First, Middle Initial)
Dr. Philip E. Ward

Mailing Address
65 Shadow Ln.

City State Zip Code
Wispering Pines NC 28327-9359

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2001

Amount of Each Receipt this Period
275.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Foot & Ankle Center of NC Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 275.00

Transaction ID: 4967051

C. Full Name (Last, First, Middle Initial)
Dr. Wayne D. Merchant

Mailing Address
434 South St.

City State Zip Code
Auburn MA 01501-2733

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2001

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: 4967074

SUBTOTAL of Receipts This Page (optional) ▶ **825.00**

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 / 15	
	<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 / 2001

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: 4967067

Full Name (Last, First, Middle Initial)
B. Dr. Mary Anne McDowell, DPM

Mailing Address
1010 Tanzania Dr.
City State Zip Code
Roseville CA 95661-5386

Date of Receipt
M M / D D / Y Y Y Y
05 / 08 / 2001

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: 4966230

Full Name (Last, First, Middle Initial)
C. Dr. Roger Thomas Zarosky

Mailing Address
W8806 # 25 Ln.
City State Zip Code
Menominee MI 49858-5773

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Marinette Foot Clinic Podiatrist

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

Transaction ID: 4967080

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 / 15	
	<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. Samuel Stuart Woocker

Mailing Address
445 Warrior Trail

City State Zip Code
Enterprise FL 32725-2456

Date of Receipt
M M / D D / Y Y Y Y
05 / 15 / 2001

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mobile Foot Care Services, Inc. Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 225.00

Transaction ID: 4967102

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

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 / 18 / 2001

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: 4966233

Full Name (Last, First, Middle Initial)
C. Dr. Donald R. Skwar

Mailing Address
3085 Flint Dr.

City State Zip Code
Memphis TN 38115-2309

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2001

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: 4966237

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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 / 15

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. Evelyn Cloud

Mailing Address
8211 Mar Del Plata St. E.
City State Zip Code
Jacksonville FL 32256-7349

Date of Receipt
M M / D D / Y Y Y Y
05 / 18 / 2001

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: 4966231

Full Name (Last, First, Middle Initial)
B. Dr. Jordelle B. Jenkins

Mailing Address
1706 E. 87th St.
City State Zip Code
Chicago IL 60617-2740

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2001

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: 4966238

Full Name (Last, First, Middle Initial)
C. Dr. Andrew D. Serink

Mailing Address
1715 Cameo
City State Zip Code
Eugene OR 97405-5897

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2001

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: 4966248

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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 / 15	
	<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. Edward R. Neuwenhuis, Sr.

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2001

Mailing Address
779 Albemarle St.

City State Zip Code
Wyckoff NJ 07481-1075

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: 4967817

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2001

Mailing Address
308 N. Wayne Ave.

City State Zip Code
Wayne PA 19087-3218

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: 4967820

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

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2001

Mailing Address
2600 Thomas Trl.

City State Zip Code
Gastonia NC 28054-4964

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Gaston Foot & Ankle Associates, PA Podiatrist

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

Transaction ID: 4967148

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 10 / 15	
	<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. David B. Arkin

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2001

Mailing Address
2868 Downing St.

City State Zip Code
Big Flats NY 14814-0607

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: 4967144

B. Full Name (Last, First, Middle Initial)
Dr. Joseph P. Leonati

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2001

Mailing Address
6801 E. Thomas Rd.

City State Zip Code
Scottsdale AZ 85251-6826

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: 4968868

C. Full Name (Last, First, Middle Initial)
Brokerage Firm Advent, Inc.

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2001

Mailing Address
17 W. Main Street

City State Zip Code
Avon CT 06001-3717

Amount of Each Receipt this Period
1402.21

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Investment Firm

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 0.00

Transaction ID: 4967149

SUBTOTAL of Receipts This Page (optional)	▶	1902.21
TOTAL This Period (last page this line number only)	▶	6352.21

**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 11 / 15

<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. Thuman for Congress		Date of Disbursement 05 / 11 / 2001	
Mailing Address P.O. Box 5058 City Inverness State FL Zip Code 34450		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 THURMAN FOR CONGRESS		011 Category/ Type THURMAN FOR CONGRESS	
Candidate Name Ms. Karen L. Thuman		Transaction ID: 4988854	
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: FL District: 5			

Full Name (Last, First, Middle Initial) B. Rangel for Congress		Date of Disbursement 05 / 11 / 2001	
Mailing Address 850 7th Avenue, #701 City New York State NY Zip Code 10019		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 RANGEL FOR CONGRESS		011 Category/ Type RANGEL FOR CONGRESS	
Candidate Name Mr. Charles B. Rangel		Transaction ID: 4988850	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NY District: 15			

Full Name (Last, First, Middle Initial) C. Friends of John Peterson		Date of Disbursement 05 / 11 / 2001	
Mailing Address P.O. Box 295 City Pleasantville State PA Zip Code 16341		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 FRIENDS OF JOHN PETERSON		011 Category/ Type FRIENDS OF JOHN PETERSON	
Candidate Name Mr. John E. Peterson		Transaction ID: 4988851	
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: PA District: 6			

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 12 / 15

<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 John Tanner		Date of Disbursement 05 / 11 / 2001	
Mailing Address Post Office Box 1694 City State Zip Code Union City TN 38281		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF JOHN TANNER		011 Category/ Type	
Candidate Name John S. Tanner		FRIENDS OF JOHN TANNER	
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: 4988852	
State: TN District: 8			

Full Name (Last, First, Middle Initial) B. People For English		Date of Disbursement 05 / 11 / 2001	
Mailing Address P.O. Box 1940 City State Zip Code Erie PA 16507		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 PEOPLE FOR ENGLISH		011 Category/ Type	
Candidate Name Phil English		PEOPLE FOR ENGLISH	
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: 4988853	
State: PA District: 21			

Full Name (Last, First, Middle Initial) C. Jody Wagner for Congress		Date of Disbursement 05 / 14 / 2001	
Mailing Address 5101 Cleveland St #304 City State Zip Code Virginia Beach VA 23462		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement JODY WAGNER FOR CONGRESS		011 Category/ Type	
Candidate Name Ms. Jody Wagner		JODY WAGNER FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2000 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 4988859	
State: VA District: 2			

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 13 / 15

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

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 / 15 / 2001
Mailing Address P.O. Box 746 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 EARL POMEROY FOR CONGRESS		011 Category/ Type EARL POMEROY FOR CONGRESS
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: 4987125
State: ND District: 1		

Full Name (Last, First, Middle Initial) B. Levin for Congress		Date of Disbursement 05 / 15 / 2001
Mailing Address 30636 Dequindre City Warren State MI Zip Code 48092		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 LEVIN FOR CONGRESS		011 Category/ Type LEVIN FOR CONGRESS
Candidate Name Mr. Sander M. Levin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987124
State: MI District: 12		

Full Name (Last, First, Middle Initial) C. Tammy Baldwin for Congress		Date of Disbursement 05 / 15 / 2001
Mailing Address P.O. Box 696 City Madison State WI Zip Code 53701		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 TAMMY BALDWIN FOR CONGRESS		011 Category/ Type TAMMY BALDWIN FOR CONGRESS
Candidate Name Ms. Tammy Baldwin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987126
State: WI District: 2		

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 14 / 15

<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. Hoyer for Congress		Date of Disbursement 05 / 15 / 2001
Mailing Address 7605 Malcolm Rd. Ste. 102 City: Clinton State: MD Zip Code: 20735		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00 HOYER FOR CONGRESS		011 Category/ Type HOYER FOR CONGRESS
Candidate Name Mr. Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987122
State: MD District: 5		

Full Name (Last, First, Middle Initial) B. Langevin For Congress		Date of Disbursement 05 / 24 / 2001
Mailing Address PO Box 7898 City: Warwick State: RI Zip Code: 02887		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 LANGEVIN FOR CONGRESS		011 Category/ Type LANGEVIN FOR CONGRESS
Candidate Name James R. (Jim) Langevin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987822
State: RI District: 2		

Full Name (Last, First, Middle Initial) C. Friends of Clay Shaw		Date of Disbursement 05 / 31 / 2001
Mailing Address 2800 N.E. 14th Street Cswy City: Pompano Beach State: FL Zip Code: 33062		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF CLAY SHAW		011 Category/ Type FRIENDS OF CLAY SHAW
Candidate Name Mr. E. Clay Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987157
State: FL District: 22		

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 15 / 15

<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. Carper For Senate		Date of Disbursement 05 / 31 / 2001	
Mailing Address 240 North James Street Suite 100A City State Zip Code Newport DE 19804		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 CARPER FOR SENATE 2000		011 Category/ Type	
Candidate Name Thomas Carper		CARPER FOR SENATE 2000	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987158	
State: DE District: 0			

Full Name (Last, First, Middle Initial) B. Anna Eshoo for Congress		Date of Disbursement 05 / 31 / 2001	
Mailing Address 555 Capitol Mall Ste 1425 City State Zip Code Sacramento CA 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 ANNA ESHOO FOR CONGRESS		011 Category/ Type	
Candidate Name Ms. Anna G. Eshoo		ANNA ESHOO FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4987155	
State: CA District: 14			

C.

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	11000.00