

**FEC
FORM 3X**

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

Office Use Only

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

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

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

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

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	X 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 09 01 2001 through 09 30 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 10 16 2001

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: ^h09 ^D01 ^v2001 To: ^h09 ^D30 ^v2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period	407948.13	
(c) Total Receipts (from Line 19)	7856.30	204537.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	415804.43	499204.43
7. Total Disbursements (from Line 30)	13973.00	97373.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	401831.43	401831.43
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 800-420-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

APMA Podiatry Political Action Committee

Report Covering the Period: From: ^{MM}09 ^{DD}01 ^{YYYY}2001 To: ^{MM}09 ^{DD}30 ^{YYYY}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)	1900.00	
(ii) Unitemized	4688.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6588.00	198196.58
(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)	6588.00	198196.58
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1268.30	5341.21
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)	7856.30	204537.79
20. Total Federal Receipts (subtract Line 18 from Line 19)	7856.30	204537.79

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.....	11473.00	11523.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11473.00	11523.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	85000.00
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	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))..... ▶	0.00	100.00
29. Other Disbursements.....	0.00	750.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	13973.00	97373.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	13973.00	97373.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	6588.00	198196.58
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	6588.00	198096.58
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	11473.00	11523.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	11473.00	11523.00

**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 / 10	
	<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 A. Merino

Mailing Address
2305 Victory Blvd.

City State Zip Code
Staten Island NY 10314-6623

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Victory Podiatry Podiatrist

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

Transaction ID: 4593292

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
09 / 17 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist Podiatrist

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

Transaction ID: 4651719

Full Name (Last, First, Middle Initial)
C. Dr. Glenn F. DeVites

Mailing Address
215 Howard

City State Zip Code
Waupun WI 53983-1305

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DeVites Foot Care Clinic Podiatrist

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

Transaction ID: 4591958

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 6 / 10

(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Christian J. Wunderlich

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2001

Mailing Address
1834 Drexel Hill Ct.

City State Zip Code
Das Peres MO 63131-3647

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kirkwood Podiatry, Inc. Podiatrist

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

Transaction ID: 4850643

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2001

Mailing Address
17300 Madison Ave.

City State Zip Code
Lakewood OH 44107-3533

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ambulatory Foot Center, Inc. Podiatrist

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

Transaction ID: 4850642

C. Full Name (Last, First, Middle Initial)
Dr. Richard Lynn Rupp

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2001

Mailing Address
2400 Cinco Casitas

City State Zip Code
La Crescenta CA 91214-3005

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4689416

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 7 / 10

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Stanton M. Smith

Mailing Address

5188 Saddleback Dr.

City

State

Zip Code

Salt Lake City

UT

84117-7429

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Family Podiatry Center

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 4889423

Full Name (Last, First, Middle Initial)

B. Dr. Leon Noords, DPM

Mailing Address

4860 S. Eastern #107

City

State

Zip Code

Las Vegas

NV

89119-6138

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Affiliated Podiatry

Occupation
Podiatrist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: 4889414

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	1900.00

**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 8 / 10
	<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
09 / 30 / 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
1268.30

Name of Employer Occupation
Advest, Inc.

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 11595.17

Transaction ID: 4712354

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1268.30
TOTAL This Period (last page this line number only)	▶	1268.30

**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 9 / 10

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

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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.		Date of Disbursement 09 / 19 / 2001
Mailing Address 17 W. Main Street City Avon State CT Zip Code 06001-3717		Amount of Each Disbursement this Period 11473.00
Purpose of Disbursement Loss on Investments		DD1 Category/ Type Loss on Investments
Candidate Name		
Office Sought: House Senate President State: District: 0	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 4712358

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	11473.00
TOTAL This Period (last page this line number only)	▶	11473.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<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 Tim Johnson		Date of Disbursement 09 / 10 / 2001
Mailing Address PO Box 17097 City: Urbana State: IL Zip Code: 61803		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. Timothy Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IL District: 15	Transaction ID: 4578802	

Full Name (Last, First, Middle Initial) B. People For Pete Domenici		Date of Disbursement 09 / 10 / 2001
Mailing Address Post Office Box 93656 City: Albuquerque State: NM Zip Code: 87199		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Sen. Pete Domenici		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NM District: 1	Transaction ID: 4580227	

Full Name (Last, First, Middle Initial) C. Engel For Congress		Date of Disbursement 09 / 10 / 2001
Mailing Address 462 California Rd City: Bronxville State: NY Zip Code: 10708		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00		011 Category/ Type
Candidate Name Rep. Eliot Engel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NY District: 17	Transaction ID: 4580021	

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