

**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:  
 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)  
 X 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) (d) 30-Day Post -Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 12 01 2001 through 12 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 30 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: <sup>12</sup> 01 2001 To: <sup>12</sup> 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period .....	388725.76	
(c) Total Receipts (from Line 19) .....	13324.80	253331.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	402050.56	547998.56
7. Total Disbursements (from Line 30) .....	12500.00	158448.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	389550.56	389550.56
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: <sup>MM</sup>12 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>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) .....	3676.00	
(ii) Unitemized .....	7643.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11319.00	239975.49
(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) .....	11319.00	239975.49
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2005.80	12356.43
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) .....	13324.80	253331.92
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	13324.80	253331.92

**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	11523.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	11523.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	146075.00
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)..... ▶	12500.00	159448.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	12500.00	158448.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	11319.00	239975.49
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	11319.00	239875.49
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	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)..... ▶	0.00	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)

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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. Jeffrey Miller

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 03 / 2001

Mailing Address  
1117 Hwy. 46 #2D1

City State Zip Code  
Clifton NJ 07013-2450

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Affiliated Foot & Ankle Spec. of Clift Podiatrist

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

Transaction ID: 5356314

**B.** Full Name (Last, First, Middle Initial)  
Dr. Lisa Cornelius

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 04 / 2001

Mailing Address  
3206 N.W. Twinberry St.

City State Zip Code  
Corvallis OR 97330-3341

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: 5312244

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

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 04 / 2001

Mailing Address  
925 Clifton Ave. #108

City State Zip Code  
Clifton NJ 07013-2724

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Clifton Foot & Ankle Center Podiatrist

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

Transaction ID: 5312242

**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)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 15

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Vito N. Giardina

Mailing Address  
12311 Michhaelsford Rd.

City State Zip Code  
Cockeysville MD 21030-2248

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 05 / 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: 5356319

**B.** Full Name (Last, First, Middle Initial)  
Dr. Glenn Dale McClendon

Mailing Address  
2211 W. 35th Ave.

City State Zip Code  
Pine Bluff AR 71603-5754

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 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: 5349235

**C.** Full Name (Last, First, Middle Initial)  
Dr. Fred Marino

Mailing Address  
1034 Windsong Pl.

City State Zip Code  
Murfreesboro TN 37129

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 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: 5364646

**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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David B. Tucker

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2001

Mailing Address  
1331 Tellowee Rd.

City State Zip Code  
Eden NC 27288-9505

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: 5364681

**B.** Full Name (Last, First, Middle Initial)  
Dr. James David Neck

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2001

Mailing Address  
1230 E. Main

City State Zip Code  
Mankato MN 56001-9001

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: 5356295

**C.** Full Name (Last, First, Middle Initial)  
Dr. Raymond G. Cavallera

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2001

Mailing Address  
28 Cedar Ridge Ln.

City State Zip Code  
Dix Hills NY 11746-7941

Amount of Each Receipt this Period  
351.00

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) ▼ 351.00

Transaction ID: 5364688

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **751.00**

**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 8 / 15

(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Patrick DeHeer

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2001

Mailing Address  
5077 T.C. Steele Ln.

City State Zip Code  
Carmel IN 46033

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Winona Foot & Ankle Center Podiatrist

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

Transaction ID: 5364690

**B.** Full Name (Last, First, Middle Initial)  
Dr. Samuel Stuart Woodcock

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 14 / 2001

Mailing Address  
445 Warrior Trail

City State Zip Code  
Enterprise FL 32725-2456

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) ▼ 450.00

Transaction ID: 5358169

**C.** Full Name (Last, First, Middle Initial)  
Dr. Francisco A. Tello

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 14 / 2001

Mailing Address  
922 Chambly Ave.

City State Zip Code  
Bismarck ND 58503-5513

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: 5357097

**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 9 / 15	
	<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. Lawrence A. Santi**

Mailing Address  
240 E. 5th St.  
City: Brooklyn State: NY Zip Code: 11218-2404

Date of Receipt  
M / D / Y  
12 / 14 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed: Island Podiatry Associates. P.C. Occupation: Podiatrist

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

Transaction ID: 5357098

Full Name (Last, First, Middle Initial)  
**B. Dr. Gary F. Stones**

Mailing Address  
134 Hayes St.  
City: Garden City State: NY Zip Code: 11530-1001

Date of Receipt  
M / D / Y  
12 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Island Podiatry Associates. P.C. Occupation: Podiatrist

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

Transaction ID: 5360855

Full Name (Last, First, Middle Initial)  
**C. Dr. Jeffrey C. Gorfurt**

Mailing Address  
925 Clifton Ave. #108  
City: Clifton State: NJ Zip Code: 07015-2724

Date of Receipt  
M / D / Y  
12 / 31 / 2001

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 5555520

**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 10 / 15
	<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. Terrence Klamet

Mailing Address  
1849 Shiloh Valley

City State Zip Code  
Chesterfield MO 63005-8420

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer Missouri Footcare Centers, Inc.	Occupation Podiatrist
---	--------------------------

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

Transaction ID: 5575104

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>3676.00</b>

**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 / 15
	<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 / D / Y Y Y Y  
12 / 31 / 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period  
2005.80

Name of Employer Occupation  
Advest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date Interest & Dividends  
Primary General Other (specify) ▼ 17145.30

Transaction ID: 5574760

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>2005.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2005.80</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Billy Tauzin Committee		Date of Disbursement 12 / 04 / 2001
Mailing Address 550 South Van City Houma State LA Zip Code 70361		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement YTD:\$3,000.00	011 Category/ Type	
Candidate Name Mr. W.J. Tauzin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5347D94
State: LA District: 3		

Full Name (Last, First, Middle Initial) B. Luther for Congress Volunteer Committee		Date of Disbursement 12 / 04 / 2001
Mailing Address 1399 Geneva Avenue North, Suite 20 City Oakdale State MN Zip Code 55128		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Mr. William P. Bill Luther		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5347D49
State: MN District: 6		

Full Name (Last, First, Middle Initial) C. Boswell for Congress		Date of Disbursement 12 / 04 / 2001
Mailing Address 3D1 4th Street, NE Suite 202 City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	011 Category/ Type	
Candidate Name Mr. Leonard L. Boswell		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5347109
State: IA District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>4000.00</b>
<b>TOTAL</b> 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	<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) <b>A. Reed Committee</b>		Date of Disbursement 12 / 04 / 2001
Mailing Address PO Box 8628 City Cranston State RI Zip Code 02920		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$1,500.00		011 Category/ Type
Candidate Name Jack Reed		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 5347058
State: RI      District: 1		

Full Name (Last, First, Middle Initial) <b>B. Friends of Max Cleland</b>		Date of Disbursement 12 / 04 / 2001
Mailing Address 3148 Northeast Expressway      P.O. Box 7843 City Atlanta State CA Zip Code 30357		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Mr. Max Cleland		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 5347119
State: GA      District: 2		

Full Name (Last, First, Middle Initial) <b>C. Mike DeWine for U.S. Senate</b>		Date of Disbursement 12 / 04 / 2001
Mailing Address PO BOX 340188 City Columbus State OH Zip Code 43234		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Senator Mike DeWine		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 5347045
State: OH      District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> 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)

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

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

Full Name (Last, First, Middle Initial) <b>A. Langevin For Congress</b>		Date of Disbursement 12 / 04 / 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:\$2,000.00		011 Category/ Type	
Candidate Name James R. (Jim) Langevin			
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: RI      District: 2	Transaction ID: 5347110		

Full Name (Last, First, Middle Initial) <b>B. Friends of Roy Blunt</b>		Date of Disbursement 12 / 04 / 2001	
Mailing Address P.O. Box 278 City: Stratford State: MO Zip Code: 65757		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00		011 Category/ Type	
Candidate Name Mr. Roy Blunt			
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: MO      District: 7	Transaction ID: 5347118		

Full Name (Last, First, Middle Initial) <b>C. Jean Carnahan For Missouri Committee</b>		Date of Disbursement 12 / 04 / 2001	
Mailing Address PO Box 1627 City: Rolla State: MO Zip Code: 65402		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Sen. Jean Carnahan			
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: MO      District: 2	Transaction ID: 5347112		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3500.00</b>
<b>TOTAL</b> 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				

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Harkin</b>		Date of Disbursement 12 / 13 / 2001
Mailing Address P.O. Box 811 City Des Moines State IA Zip Code 50304		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD: \$3,000.00		011 Category/ Type
Candidate Name Senator Tom Harkin		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5360612
State: IA District: 2		

Full Name (Last, First, Middle Initial) <b>B. Inslee for Congress</b>		Date of Disbursement 12 / 13 / 2001
Mailing Address P.O. Box 33027 City Seattle State WA Zip Code 98033		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD: \$500.00		011 Category/ Type
Candidate Name Jay Inslee		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5360611
State: WA District: 1		

Full Name (Last, First, Middle Initial) <b>C. Berkley 2000</b>		Date of Disbursement 12 / 13 / 2001
Mailing Address 3069 Conquista Ct. City Las Vegas State NV Zip Code 89121		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD: \$1,000.00		011 Category/ Type
Candidate Name Shelley Berkley		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5360607
State: NV District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>12500.00</b>