

**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)
 (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) (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 01 01 2001 through 01 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: ^h 0 1 ^D 0 1 ^v / ^v 2 0 0 1 To: ^h 0 1 ^D 3 1 ^v / ^v 2 0 0 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v / ^v 2 0 0 1		294666.64
(b) Cash on Hand at Beginning of Reporting Period	294666.64	
(c) Total Receipts (from Line 19)	19067.01	19067.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	313733.65	313733.65
7. Total Disbursements (from Line 30)	1000.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	312733.65	312733.65
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: ^K01 ^D01 ^Y2001 To: ^K01 ^D31 ^Y2001

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)	9368.00	
(ii) Unitemized	9699.01	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19067.01	19067.01
(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)	19067.01	19067.01
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	0.00
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)	19067.01	19067.01
20. Total Federal Receipts (subtract Line 18 from Line 19)	19067.01	19067.01

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.....	1000.00	1000.00
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)..... ▶	1000.00	1000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	1000.00	1000.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	19067.01	19067.01
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	19067.01	19067.01
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 / 16

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. George V. Tsoutsouris

Mailing Address
8413 White Oak Ave.

City State Zip Code
Munster IN 46321-1922

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 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: 4968637

B. Full Name (Last, First, Middle Initial)
Dr. Morgan D. Silvers

Mailing Address
4001 Evans Ln. P.O. Box 1116

City State Zip Code
Oxford AL 36203-3930

Date of Receipt
M M / D D / Y Y Y Y
01 / 01 / 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: 4968651

C. Full Name (Last, First, Middle Initial)
Dr. Jonathan J. Lubitz

Mailing Address
2605 Charleston Oaks Ct.

City State Zip Code
Mobile AL 36695-2522

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 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: 4968621

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 6 / 16	
	<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. Kendall L. Blackwell

Mailing Address
Wilson Podiatry Associates 2801-7A Ward Blvd.
City State Zip Code
Wilson NC 27893

Date of Receipt
M M / D D / Y Y Y Y
01 / 05 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wilson Podiatry Associates, P.A. Podiatrist

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

Transaction ID: 4967477

Full Name (Last, First, Middle Initial)
B. Dr. Mark S. Veres

Mailing Address
8112 Mossy Oak Dr.
City State Zip Code
Montgomery AL 36117-5614

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 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: 4965927

Full Name (Last, First, Middle Initial)
C. Dr. Matthew G. Garoufala

Mailing Address
1933 Hansom Court
City State Zip Code
Naperville IL 60565-2829

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Foot Care Specialists Podiatrist

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

Transaction ID: 4967491

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)

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

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

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2001

Mailing Address
2245 River View Dr.

City State Zip Code
Rock Falls IL 61071-1442

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KSB Medical Group Podiatrist

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

Transaction ID: 4967492

B. Full Name (Last, First, Middle Initial)
Dr. Robert E. Manna

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2001

Mailing Address
186 Greenwood Dr.

City State Zip Code
South Windsor CT 06074-2910

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: 4967509

C. Full Name (Last, First, Middle Initial)
Dr. Robert E. Sherman

Date of Receipt
M M / D D / Y Y Y Y
01 / 10 / 2001

Mailing Address
4640 Main St.

City State Zip Code
Stratford CT 06814

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Stratford Podiatry Associates Podiatrist

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

Transaction ID: 4967505

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 8 / 16	
	<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. Harvey D. Lederman

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2001

Mailing Address
12 Biltmore Park

City State Zip Code
Bloomfield CT 06002-2141

Amount of Each Receipt this Period
550.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W. Hartford Podiatry Associates Podiatrist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 550.00

Transaction ID: 4967507

B. Full Name (Last, First, Middle Initial)
Dr. Marc R. Bambash

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2001

Mailing Address
126 Burr Hall Rd.

City State Zip Code
Middlebury CT 06762-1403

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Waterbury Podiatry Consultants Podiatrist

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

Transaction ID: 4967503

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

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2001

Mailing Address
4-G Earls Ct.

City State Zip Code
Farmington CT 06032-3534

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W. Hartford Podiatry Associates Podiatrist

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

Transaction ID: 4967508

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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 / 16	
	<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. Marc Lederman

Mailing Address
4-G Earls Ct.
City Farmington State CT Zip Code 06032-3534

Date of Receipt
M / D / Y
01 / 19 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
W. Hartford Podiatry Associates

Occupation
Podiatrist

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

Transaction ID: 5282916

Full Name (Last, First, Middle Initial)
B. Dr. Darren Jay Courbight

Mailing Address
341 Montauk Ave.
City New London State CT Zip Code 06320-4724

Date of Receipt
M / D / Y
01 / 19 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Shoreline Foot Health Center

Occupation
Podiatrist

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

Transaction ID: 4967504

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

Mailing Address
339 Reddoch Rd.
City Florence State AL Zip Code 35033-1593

Date of Receipt
M / D / Y
01 / 19 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer
Martin Foot Specialists, Inc.

Occupation
Podiatrist

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

Transaction ID: 4967494

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 / 16	
	<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. Brian Deschamps

Mailing Address
351 Merline Rd. #101

City State Zip Code
Vernon Rockville CT 06066-4040

Date of Receipt
N M / D E / Y Y Y Y
01 / 19 / 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: 4967506

Full Name (Last, First, Middle Initial)
B. Dr. Brent Martin Harwood

Mailing Address
27813 C.R. 27

City State Zip Code
Daphne AL 36526

Date of Receipt
N M / D E / Y Y Y Y
01 / 19 / 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: 4967501

Full Name (Last, First, Middle Initial)
C. Dr. Jeffrey Dean Martone

Mailing Address
11 Central Ave.

City State Zip Code
East Hartford CT 06108-3102

Date of Receipt
N M / D E / Y Y Y Y
01 / 19 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Family Foot Care Center Podiatrist

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

Transaction ID: 4967510

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 11 / 16	
	<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. Nicholas C. Criswell

Mailing Address
8608 S.V.L. Box

City State Zip Code
Victorville CA 92382

Date of Receipt
N M / D E / Y Y Y Y
01 / 23 / 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: 4966642

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

Mailing Address
201 68th Pl.

City State Zip Code
Kenosha WI 53143-5137

Date of Receipt
N M / D E / Y Y Y Y
01 / 23 / 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: 4966635

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

Mailing Address
16 N. Filly Ln.

City State Zip Code
Edmond OK 73034-7812

Date of Receipt
N M / D E / Y Y Y Y
01 / 23 / 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: 4966624

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 12 / 16	
	<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. Burton Bomstein

Mailing Address
16010 Greater Groves Blvd.

City State Zip Code
Clermont FL 34711-8034

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Self-Employed Podiatrist

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

Transaction ID: 4968669

B. Full Name (Last, First, Middle Initial)
NJ South Div POD MED ASSN

Mailing Address
557 Cranbury Road, #3

City State Zip Code
East Brunswick NJ 08816-5419

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self State Podiatric Association

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

Transaction ID: 4968675

C. Full Name (Last, First, Middle Initial)
NJ South Div POD MED ASSN

Mailing Address
557 Cranbury Road, #3

City State Zip Code
East Brunswick NJ 08816-5419

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2001

Amount of Each Receipt this Period
-500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation
Self State Podiatric Association

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

Reverse clerical entry error above.

Transaction ID: 5689D17

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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)

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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 I. Gamet

Mailing Address
1B430 S. Dixie Hwy.

City State Zip Code
Miami FL 33157-6816

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 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: 4968668

B. Full Name (Last, First, Middle Initial)
Dr. Joseph H. Strickland

Mailing Address
2880 Longbrooke Way

City State Zip Code
Clearwater FL 33760-1719

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 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: 4968670

C. Full Name (Last, First, Middle Initial)
Dr. Stuart A. Courtney

Mailing Address
3590 N. 45th Ave.

City State Zip Code
Hollywood FL 33021-2450

Date of Receipt
M M / D D / Y Y Y Y
01 / 28 / 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: 4968667

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 14 / 16

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. Craig McLaws

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2001

Mailing Address
1158 N. Main St.

City State Zip Code
Sheridan WY 82801-3055

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
McLaws Foot Care Podiatrist

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

Transaction ID: 4965976

B. Full Name (Last, First, Middle Initial)
Dr. Barney A. Greenberg

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2001

Mailing Address
16283 Cayuga Cir.

City State Zip Code
Davie FL 33331-2155

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Podiatry Associates Podiatrist

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

Transaction ID: 4966008

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

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2001

Mailing Address
17 W. Main Street

City State Zip Code
Avon CT 06001-3717

Amount of Each Receipt this Period
668.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advest, Inc. Investment Firm

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 668.00

Transaction ID: 4965995

SUBTOTAL of Receipts This Page (optional) ▶ **1418.00**

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 / 16	
	<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. Dennis R. Frisch

Mailing Address
1070 S.W. 19th St.

City State Zip Code
Boca Raton FL 33486-6830

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Boca Raton Podiatry Podiatrist

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

Transaction ID: 4966005

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

Mailing Address
1850 Sever Dr.

City State Zip Code
Clearwater FL 33764-4714

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 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: 4965899

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

Mailing Address
4060 Dunwoody Dr.

City State Zip Code
Pensacola FL 32503-3260

Date of Receipt
M M / D D / Y Y Y Y
01 / 31 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Gulf Coast Podiatry Podiatrist

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

Transaction ID: 4966004

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	9368.00

**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 18 / 18

<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. Fletcher for Congress		Date of Disbursement 01 / 05 / 2001
Mailing Address P.O. Box 4703 City Lexington State KY Zip Code 40544		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 FLETCHER FOR CONGRESS		011 Category/ Type FLETCHER FOR CONGRESS
Candidate Name Ernest L. Fletcher		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 4967488
State: KY District: 8		

B.

C.

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