

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 16
04/20/2001 14 : 67

1. NAME OF COMMITTEE (in full) APMA Podiatry Political Action Committee		2. FEC IDENTIFICATION NUMBER C00008839
ADDRESS (number and street) 9312 Old Georgetown Road	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Bethesda MD 20814-1698		3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type)
- election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>03/01/2001</u> through <u>03/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		294886.84
(b) Cash on Hand at Beginning of Reporting Period	326804.38	
(c) Total Receipts (from line 19)	40443.09	78080.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	367247.47	370747.47
7. Total Disbursements (from line 30)	38000.00	41500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	329247.47	329247.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact : Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Electronically Filed by Dr. Gerald Peterson DPM	
Signature of Treasurer	Date 04/16/2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE APMA Podiatry Political Action Committee		REPORT COVERING PERIOD FROM 03/01/2001 TO: 03/31/2001	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	17130.00	33080.00	11.a.i.
ii. Unitemized	21848.00	39552.52	11.a.ii.
iii. Total	38978.00	72742.52	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	38978.00	72742.52	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	1465.09	3338.21	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	40443.09	76080.83	19.
20. Total Federal Receipts	40443.09	76080.83	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	38000.00	41500.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	38000.00	41500.00	30.
31. Total Federal Disbursements	38000.00	41500.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	38978.00	72742.52	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	38978.00	72742.52	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 16
			FOR LINE NUMBER 11a

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, Mailing Address, and ZIP Code Dr. Gregory Amarantos, DPM 2740 W. Foster Ave. #310 Chicago IL 60625-3543 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Amarantos Foot Center	Date (month, day, year) 03/01/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. Edward Smith, DPM 148 Park St. Springfield VT 05156-3034 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/01/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. James Stavosky, DPM 1800 Sullivan Ave. #106 Daly City CA 94015 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/05/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Jon Huttman, DPM 2011 Thayer Ave. Los Angeles CA 90025-0000 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/05/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Richard Weinstein, DPM 1925 Juan Tabo Blvd. N.E. #D Albuquerque NM 87112-3359 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Juan Tabo Foot Health Center	Date (month, day, year) 03/06/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Janet Simon, DPM 711 Encino Pl. N.E. #G Albuquerque NM 87102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/06/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Gerard Karbalski, DPM 711 Encino Pl. N.E. #G Albuquerque NM 87102-2650 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Podiatry Associates of NM	Date (month, day, year) 03/06/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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				FOR LINE NUMBER	11a
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee					
Full Name, Mailing Address, and ZIP Code Dr. Harvey Karpo, DPM 648 N. Broad St. Woodbury NJ 08096-1621 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/06/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Dr. John Ruff, DPM 614 N. Spring St. Peoria IL 61603-4133 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/06/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Jerry Brant, DPM 110 Westwood Pl. #100 Brentwood TN 37027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer PICA Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/06/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Terry Smith, DPM 1080 E. 100 S. #207 Salt Lake City UT 84102-1501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/06/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Joan Meyer, DPM 1147 E. Grand Ave. Escondido CA 92025-3219 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/07/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Scott Hamilton, DPM 6141 Rourke St. Myrtle Beach SC 29572 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Coastal Podiatry Associates, PA Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/09/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Gerald Stein, DPM 37300 Dequindra Rd. #108 Sterling Heights MI 48310-3595 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Madison Podiatry Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/09/2001	Amount of Each Receipt this Period 500.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 16
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NAME OF COMMITTEE (In Full)
APMA Podiatry Political Action Committee

Full Name, Mailing Address, and ZIP Code Dr. James Flynn, DPM 5100 N. Brookline #375 Oklahoma City OK 73112-3600 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 03/08/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Danuta Reczek, DPM 365 Herringway Ave. East Haven CT 06512-2384 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer E. Haven Footcare Center	Date (month, day, year) 03/13/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Thomas Komp, DPM 1747 Shevano Ave. #100 Green Bay WI 54311 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bay Area Foot Clinic	Date (month, day, year) 03/13/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Gary Nelner, DPM 3215 Dixie Hwy. Erlanger KY 41018-1853 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Nelner & Tirone, P.S.C.	Date (month, day, year) 03/13/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. Jeffrey Kahn, DPM 506 Cromwell Ave. #204 Rocky Hill CT 06067-1851 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer CT Foot Care Centers, L.L.-C.	Date (month, day, year) 03/13/2001	Amount of Each Receipt this Period 150.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Dr. Glenn Gastwirth, DPM American Pod. Medical Assoc. 9312 Old Georgetown Rd. Bethesda MD 20814-1898 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 03/13/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. David Maiari, DPM 1118 N. 4th St. Coeur D'Alene ID 83814-3217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 03/14/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)

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

Full Name, Mailing Address, and ZIP Code Dr. Glenn York, DPM 6069 Maple St. Omaha NE 68104-4050 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Benson Podiatry Associates	Date (month, day, year) 03/16/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Thomas Vail, DPM 1725 Western Ave. #C Findlay OH 45840 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/16/2001	Amount of Each Receipt this Period 350.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Dr. Lynn LeBlanc, DPM 47 Jolley Dr. Bloomfield CT 06002-3092 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/16/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Bradford Glass, DPM 1300 W. Wall St. Midland TX 79701-6622 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/16/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. R. Martin, DPM 2003 E. Market St. York PA 17402-2841 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Martin Foot & Ankle Center	Date (month, day, year) 03/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Nancy Kaplan, DPM 50 Union Ave. #802 Irvington NJ 07111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/19/2001	Amount of Each Receipt this Period 250.00
	Occupation PODIATRIST		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Paul Schwarzentraub, DPM 4601 66th St. #A Lubbock TX 79414-4839 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 03/19/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
SUBTOTALS of Receipts This Page (Optional)			
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NAME OF COMMITTEE (In Full)
APMA Podiatry Political Action Committee

Full Name, Mailing Address, and ZIP Code Dr. Tara Blasingame, DPM P.O. Box 6487 Huntsville AL 35824-0487	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period	
	Occupation	03/19/2001		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			250.00
Full Name, Mailing Address, and ZIP Code Dr. Jay Lifshen, DPM 2001 N. MacArthur Blvd. #300 Irving TX 75061-2253		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Southwest Podiatry, PLLP	03/19/2001	
		Occupation	300.00	
Full Name, Mailing Address, and ZIP Code Dr. Dennis DiMatteo, DPM 224 Taunton Ave. East Providence RI 02914-3731		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation	03/22/2001	
		Podiatrist	250.00	
Full Name, Mailing Address, and ZIP Code Dr. Charles Kissel, DPM 29433 Ryan Rd. Warren MI 48092-2203		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Medical Center Footcare Associates	03/22/2001	
		Occupation	250.00	
Full Name, Mailing Address, and ZIP Code Dr. Fred Anderson, DPM 8110 Mango Ave. #102 Fontana CA 92335-3803		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation	03/23/2001	
		Podiatrist	250.00	
Full Name, Mailing Address, and ZIP Code Dr. Joseph D'Amico, DPM 333 W. 57th St. New York NY 10019-3159		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation	03/23/2001	
		Podiatrist	300.00	
Full Name, Mailing Address, and ZIP Code Dr. Gary Goodman, DPM 2350 Sunset Point Rd. #A Clearwater FL 33765		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation	03/23/2001	
		Podiatrist	250.00	
SUBTOTALS of Receipts This Page (Optional)				
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NAME OF COMMITTEE (In Full)
APMA Podiatry Political Action Committee

Full Name, Mailing Address, and ZIP Code Dr. Gregory Worley, DPM P.O. Box 388 Burlington KY 41005-0388	Name of Employer Northern KY Foot Specialists	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 300.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Dr. Karen LaMoige, DPM 360 Kingstown Rd. #108 Narragansett RI 02882-3244	Name of Employer	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Brad Samojka, DPM 818 Commercial St. #5 Oakland Commons P.O. Box 1228 Rockport ME 04856	Name of Employer	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Kille Kinney, DPM 1515 Laney Walker Blvd. Augusta GA 30804-5827	Name of Employer The Foot & Ankle Group	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Joseph Cavuoto, DPM 1147 Front St. Uniondale NY 11553-2035	Name of Employer	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Patricia Moore, DPM 52303 Emmons Rd. #30 South Bend IN 46837-4288	Name of Employer	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Dr. Jerauld Ferrillo, DPM 3873 Broadway Grove City OH 43123-2206	Name of Employer	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 16
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr. Bruce Saferin, DPM 1555 S. Byrne Rd. #100 Toledo OH 43614	Name of Employer Complete Foot Care Center	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Kathleen Stone, DPM 5422 W. Thunderbird Rd. #19B Glendale AZ 85306-4717	Name of Employer	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Joseph Hughes, DPM 10861 Cherry St. Los Alamitos CA 90720-2452	Name of Employer Los Alamitos Foot Center	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. William Dabdoub, DPM 9830 Lake Forest Blvd. #107 New Orleans LA 70127-2647	Name of Employer	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Dr. Henry Merritt, DPM 1160 N. S.R. 7 Fort Lauderdale FL 33315	Name of Employer Lauderdale Foot Care Center	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Christian Robertozzi, DPM 175 High St. Newton NJ 07860-1097	Name of Employer	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Dr. John Forrelle, DPM 1100 E. 21st St. Sioux Falls SD 57105	Name of Employer Central Plains Clinic	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 16
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr. Steven Glickman, DPM 4770 Rochester Rd. #104 Troy MI 48098-4951 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Dr. Lloyd Smith, DPM 10 Langley Rd. #201 Newton Center MA 02459-1972 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. Patrick McShane, DPM 3259 E. Sunshine #BB Springfield MO 65804-2143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. Ingrid Silnes, DPM 701 Snow Rd. #C Lansing MI 48917-4065 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. Harold Glickman, DPM 1145 19th St. N.W. #508 Washington DC 20036-3701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/25/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. Jenny Hall, DPM 207 Lee St. Goldsboro NC 27530-3821 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Wayne Foot Specialists, P.C. Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/26/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. Roderick Farley, DPM 11100 Desert Classic Ln. N.E. Albuquerque NM 87111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/26/2001	Amount of Each Receipt this Period 250.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 16
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NAME OF COMMITTEE (In Full)
APMA Podiatry Political Action Committee

Full Name, Mailing Address, and ZIP Code Dr. David Alper, DPM 1 Oak Ave. Belmont MA 02478-2751 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 03/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. David Croshaw, DPM 1155 Pocatello Creek Rd. Pocatello ID 83201-2949 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Valley Foot & Ankle	Date (month, day, year) 03/29/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. William Lynde, DPM 1703 Langhorne Newton Rd. #1 Langhorne PA 19047-1008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Newtown Podiatry	Date (month, day, year) 03/29/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Leonard Simmons, DPM 30 Greenview Dr. Fairmont WV 26554 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 03/31/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	17130.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 16
			FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee			
Full Name, Mailing Address, and ZIP Code Advest. Inc. 22 Waterville Rd. Avon CT 06001-2006	Name of Employer Brokerage Firm Occupation	Date (month, day, year) 03/31/2001	Amount of Each Receipt This Period 1465.09
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 3338.21		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			1465.09

SCHEDULE B		ITEMIZED DISBURSEMENTS		13 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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, Mailing Address, and ZIP Code Hutchinson For Senate PO Box 998 Rogers AR 72757	Purpose of Disbursement Tim Hutchinson, U.S. SENATE AR (Senate - AR -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code McCrery for Congress 1900 CNB Tower 33 Texas Street Shreveport LA 71101	Purpose of Disbursement Jim McCrery, U.S. HOUSE 4th LA (House - LA - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Pete Stark Re-Election Committee P.O. Box 121 Hayward CA 94543	Purpose of Disbursement Pete Stark, U.S. HOUSE 13th CA (House - CA - 13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mike Bilirakis for Congress P.O. Box 1077 Tarpon Springs FL 34688	Purpose of Disbursement Michael Bilirakis, U.S. HOUSE 8th FL (House - FL - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Hoyer for Congress 7905 Malcolm Rd. Ste. 102 Clinton MD 20735	Purpose of Disbursement Steny H. Hoyer, U.S. HOUSE 5th MD (House - MD - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code People For English 530 W 6th St Erie PA 16507	Purpose of Disbursement Phil English, U.S. HOUSE 21st PA (House - PA - 21) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends Of Mary Landrieu Inc 203 Carondelet Street Suite 630 Suite 1510 New Orleans LA 70130	Purpose of Disbursement Mary L. Landrieu, U.S. SENATE LA (Senate - LA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Re-Elect Nancy Johnson to Congress P.O. Box 1968 New Britain CT 06050	Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 8th CT (House - CT - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Collins For Senator PO Box 1096 Bangor ME 04402	Purpose of Disbursement Susan Collins, U.S. SENATE ME (Senate - ME -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/01/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Senator Rockefeller Suite 300 245 Second Street, NE Washington DC 20002	John D. Rockefeller, U.S. SENATE WV (Senate - WV -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	03/01/2001	2500.00
Palone for Congress P.O. Box 3176 Long Branch NJ 07440	Frank Pallone, U.S. HOUSE 6th NJ (House - NJ - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	03/09/2001	1000.00
Dave Camp for Congress 2000 5915 Eastman Ave. Suite 100 Midland MI 48640	Dave Camp, U.S. HOUSE 4th MI (House - MI - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	03/09/2001	500.00
John D. Dingell for Congress Committee 607 Fourteenth St., NW Washington DC 20005	John D. Dingell, U.S. HOUSE 16th MI (House - MI - 16) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	03/09/2001	1000.00
Friends of Lois Capps PO Box 23940 Santa Barbara CA 93121	Lois Capps, U.S. HOUSE 22nd CA (House - CA - 22) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	03/09/2001	1000.00
Ganske for Senate Committee 520 E Locust 2nd Floor Des Moines IA 50309	Greg Ganske, U.S. SENATE IA (- IA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	03/09/2001	1000.00
Friends of Jim Maloney 20 E. Main Street, Ste 235 Waterbury CT 06702	Jim Maloney, U.S. HOUSE 5th CT (House - CT - 5) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : 2002 Connecticut Con	03/09/2001	500.00
Friends of Max Baucus Box 596 Helena MT 59624	Max Baucus, U.S. SENATE MT (Senate - MT -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	03/09/2001	2000.00
Friends Of Jim Inhofe PO Box 13300 Oklahoma City OK 73113	James M. Inhofe, U.S. SENATE OK (Senate - OK -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	03/09/2001	2500.00

SUBTOTALS of Disbursements This Page (Optional)

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SCHEDULE B		ITEMIZED DISBURSEMENTS		15 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee				
Full Name, Mailing Address, and ZIP Code Friends of Sessions Senate Committee P.O. Box 4278 Montgomery AL 36103	Purpose of Disbursement Jeff Sessions, U.S. SENATE AL (Senate - AL -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/09/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of Jerry Kleczka 3268 South 9th Street Milwaukee WI 53215	Purpose of Disbursement Gerald D. Kleczka, U.S. HOUSE 4th WI (House - WI - 4) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/23/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code David Wu for Congress CHOB 1st & Independence Ave., SE Washington DC 20515	Purpose of Disbursement David Wu, U.S. HOUSE 1st OR (House - OR - 1) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/23/2001	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Grassley Committee Inc. 5301 Wisconsin Ave. Washington DC 20015	Purpose of Disbursement Charles E. Grassley, U.S. SENATE IA (Senate - IA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/23/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Friends of Max Cleland P.O. Box 7843 Atlanta GA 30357	Purpose of Disbursement Max Cleland, U.S. SENATE GA (Senate - GA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/23/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Citizens for Harkin P.O. Box 811 Des Moines IA 50304	Purpose of Disbursement Tom Harkin, U.S. SENATE IA (Senate - IA -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/23/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Diane Watson for Congress 601 S Glenoaks Blvd #208 Burbank CA 91502	Purpose of Disbursement Diane Watson, U.S. HOUSE 32nd CA (- CA - 32) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : California Special E	Date (month, day, year) 03/23/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Doggett for U.S. Congress Committee P.O. Box 5843 Austin TX 78703	Purpose of Disbursement Lloyd Doggett, U.S. HOUSE 10th TX (House - TX - 10) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/23/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Tim Johnson For South Dakota Inc PO Box 1859 Sioux Falls SD 57101	Purpose of Disbursement Tim Johnson, U.S. SENATE SD (Senate - SD -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/23/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		16 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee				
Full Name, Mailing Address, and ZIP Code Friends of Sherrod Brown 111 Edgefield Dr. Elyria OH 44035	Purpose of Disbursement Sherrod Brown, U.S. HOUSE 13th OH (House - OH - 13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/29/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Hoosiers Supporting Buyer for Congress 103 W. Broadway Monticello IN 47960	Purpose of Disbursement Steve Buyer, U.S. HOUSE 5th IN (House - IN - 5) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/29/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Deal for Congress P.O. Box 902 Gainesville GA 30503	Purpose of Disbursement Nathan Deal, U.S. HOUSE 9th GA (House - GA - 9) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/29/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Upton for All of Us P.O. Box 490 St. Joseph MI 49085	Purpose of Disbursement Fred Upton, U.S. HOUSE 6th MI (House - MI - 6) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/29/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Reed Committee PO Box 8628 Cranston RI 02920	Purpose of Disbursement Jack Reed, U.S. SENATE RI (Senate - RI -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/29/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Sheila Jackson Lee for Congress 1823 Banks Street Houston TX 77098	Purpose of Disbursement Sheila Jackson Lee, U.S. HOUSE 18th TX (House - TX - 18) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	Date (month, day, year) 03/29/2001	Amount of Each Disbursement This Period 500.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				38000.00