

**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:	Feb 20 (M2)	May 20 (M5)	X	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)		Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)		Oct 20 (M10)	Jan 31 (M13)
	October 15 Quarterly Report(Q3)					
	January 31 Quarterly Report(YE)					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)		Convention (12C)		Special (12S)	
		Election on				
		(d) 30-Day Post-Election Report for the:	General (30G)		Runoff (30R)	Special (30S)
		Election on				in the State of

5. Covering Period 07 01 2001 through 07 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  
 Signature of Treasurer Electronically Filed by Date 08 20 2001

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2001 To: <sup>h</sup>07 <sup>D</sup>31 <sup>v</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period .....	354513.22	
(c) Total Receipts (from Line 19) .....	20842.87	152789.45
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	375356.09	447456.09
7. Total Disbursements (from Line 30) .....	9100.00	81200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	366256.09	366256.09
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: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>07 <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) .....	6510.00	
(ii) Unitemized .....	11625.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18135.00	150081.58
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	18135.00	150081.58
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2707.87	2707.87
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) .....	20842.87	152789.45
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	20842.87	152789.45

**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.....	9100.00	80600.00
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	500.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	9100.00	81200.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	9100.00	81200.00
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	18135.00	150081.58
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	18135.00	149981.58
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 / 18	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Dr. John Hamm, DPM**

Mailing Address  
1300 2nd Ave. S.E.

City State Zip Code  
Cedar Rapids IA 52403-4008

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4381523

Full Name (Last, First, Middle Initial)  
**B. Dr. John Morehead, DPM**

Mailing Address  
6160 S. Yale Ave.

City State Zip Code  
Tulsa OK 74136-1900

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OKLAHOMA PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4381527

Full Name (Last, First, Middle Initial)  
**C. Dr. Gray Fish, DPM**

Mailing Address  
2070 W. Iles Ave.

City State Zip Code  
Springfield IL 62704-4174

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Prairie Podiatry, L.L.C. Podiatrist

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

Transaction ID: 4381519

**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. Stuart Steinberg, DPM

Mailing Address  
3322 W. Magnolia Blvd.

City State Zip Code  
Burbank CA 91505-2907

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CALIFORNIA PODIATRIC MEDICAL ASSO- CIATI Podiatrist

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

Transaction ID: 4381485

**B.** Full Name (Last, First, Middle Initial)  
Dr. Maureen Croffy, DPM

Mailing Address  
3827 S. Harvard

City State Zip Code  
Tulsa OK 74135-2227

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OKLAHOMA PODIATRIC MEDICAL ASSO- CIATION Podiatrist

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

Transaction ID: 4381525

**C.** Full Name (Last, First, Middle Initial)  
Dr. David Krulwitz, DPM

Mailing Address  
6376 Spring Mountain Rd

City State Zip Code  
Las Vegas NV 89146-8818

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self-Employed

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

Transaction ID: 4381478

**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)

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Paul Bodamer, DPM

Mailing Address  
2605 Parkwood Dr.

City State Zip Code  
Brunswick GA 31520-4726

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Parkwood Podiatry Associates Podiatrist

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

Transaction ID: 4381490

**B.** Full Name (Last, First, Middle Initial)  
Dr. Louise Tartora, DPM

Mailing Address  
1300 Post Rd. #20B

City State Zip Code  
Fairfield CT 06430-6038

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4381547

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ralph Sprinkle, DPM

Mailing Address  
P.O. Box 416

City State Zip Code  
Georgetown SC 29442-0416

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Georgetown Podiatry Group P.C. Podiatrist

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

Transaction ID: 4381550

**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 8 / 18	
	<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. Charles Morelli, DPM

Mailing Address  
444 E. Boston Post Rd. #107

City State Zip Code  
Mamaroneck NY 10543-3704

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NEW YORK STATE PODIATRIC MEDICAL ASSOC

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

Transaction ID: 4381555

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard Armstrong, DPM

Mailing Address  
342A Gifford St.

City State Zip Code  
Falmouth MA 02540-2948

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Falmouth Podiatry Podiatrist

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

Transaction ID: 4381543

**C.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Iorio, DPM

Mailing Address  
2321 Black Rock Tnpk.

City State Zip Code  
Fairfield CT 06430-3295

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fairfield Podiatry Associates

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

Transaction ID: 4381554

**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 9 / 18	
	<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. Devin Lowe, DPM**

Mailing Address  
3B11 Bissell Ave.  
City: Richmond State: CA Zip Code: 84805-2256

Date of Receipt  
M / D / Y Y Y Y  
07 / 21 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: CALIFORNIA PODIATRIC MEDICAL ASSOCIATION Occupation: Podiatrist

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

Transaction ID: 4381577

Full Name (Last, First, Middle Initial)  
**B. Dr. Alan Weiss, DPM**

Mailing Address  
705 W. La Veta #100  
City: Orange State: CA Zip Code: 92868-4447

Date of Receipt  
M / D / Y Y Y Y  
07 / 24 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: CALIFORNIA PODIATRIC MEDICAL ASSOCIATION Occupation: Podiatrist

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

Transaction ID: 4381601

Full Name (Last, First, Middle Initial)  
**C. Dr. Lisa DeTourney, DPM**

Mailing Address  
12512 N. Kendall Dr.  
City: Miami State: FL Zip Code: 33186-1817

Date of Receipt  
M / D / Y Y Y Y  
07 / 24 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer: FLORIDA PODIATRIC MEDICAL ASSOCIATION Occupation: Podiatrist

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

Transaction ID: 4381626

**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 10 / 18	
	<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. David Joseph, DPM**

Mailing Address  
460 Main St. #2  
City: Oneonta State: NY Zip Code: 13820-2551

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: NEW YORK STATE PODIATRIC MEDICAL ASSOC Occupation: Podiatrist

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

Transaction ID: 4381614

Full Name (Last, First, Middle Initial)  
**B. Dr. Bruce Soudday, DPM**

Mailing Address  
Murchison Medical Bldg. 181D Murchison #208  
City: El Paso State: TX Zip Code: 79902

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: TEXAS PODIATRIC MEDICAL ASSOCIATION Occupation: Podiatrist

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

Transaction ID: 4381580

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark Burton, DPM**

Mailing Address  
1040 Pond St. #4 P.O. Box 568  
City: Bristol State: PA Zip Code: 19007-5340

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2001

Amount of Each Receipt this Period  
210.00

FEC ID number of contributing federal political committee.

Name of Employer: PENNSYLVANIA PODIATRIC MEDICAL ASSOC Occupation: Podiatrist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Transaction ID: 4381582

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **710.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 18

(check only one)

11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Daniel Ryan, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
07 / 24 / 2001

2024 S. 8th St.

City

State

Zip Code

Brainerd

MN

56401-4529

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Brainerd Medical Center, P.A.

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4381603

Full Name (Last, First, Middle Initial)

B. Dr. R. Eckerlein, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
07 / 24 / 2001

4850 N. 9th Ave.

City

State

Zip Code

Pensacola

FL

32503-2407

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

150.00

Name of Employer  
FLORIDA PODIATRIC MEDICAL ASSOCIA-  
TION

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4381591

Full Name (Last, First, Middle Initial)

C. Dr. Stephen Pribut, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
07 / 26 / 2001

2141 K St. N.W. #702

City

State

Zip Code

Washington

DC

20037-1810

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer

Occupation  
Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 4381631

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert Bema, DPM

Mailing Address  
4154 Madisan Ave.

City State Zip Code  
Trumbull CT 06611-3563

Date of Receipt  
M M / D D / Y Y Y Y  
07 28 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4388922

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gary Grippa, DPM

Mailing Address  
270 Center St. #110

City State Zip Code  
West Haven CT 06516-4400

Date of Receipt  
M M / D D / Y Y Y Y  
07 28 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Podiatrist

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

Transaction ID: 4388923

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark Glomsky, DPM

Mailing Address  
196 Sherman Ave. #202

City State Zip Code  
New Haven CT 06511-5210

Date of Receipt  
M M / D D / Y Y Y Y  
07 28 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
New Haven Podiatry Associates Podiatrist

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

Transaction ID: 4388931

**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)

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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

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  
 07 / 01 / 2001  
 Amount of Each Receipt this Period  
 1342.83  
 Name of Employer  
 Advest, Inc. Occupation  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 7596.79  
 Interest & Dividends Income  
 Transaction ID: 4395861

Full Name (Last, First, Middle Initial)  
**B. 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  
 07 / 31 / 2001  
 Amount of Each Receipt this Period  
 1365.04  
 Name of Employer  
 Advest, Inc. Occupation  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ 8961.63  
 Interest & Divident Income  
 Transaction ID: 4390169

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>2707.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2707.87</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) <b>A. Ed Bryant for Congress Committee</b>		Date of Disbursement 07 / 13 / 2001
Mailing Address CHOB 1st & Independence Ave. SE City State Zip Code Washington, DC 205		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 ED BRYANT FOR CONGRESS COM		ED BRYANT FOR CONGRESS COMMITTEE
Candidate Name Ed Bryant		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4381163
State: TN      District: 7	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Friends of Jim McDermott</b>		Date of Disbursement 07 / 17 / 2001
Mailing Address 710 8th St. SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF JIM MCDERMOTT		FRIENDS OF JIM MCDERMOTT
Candidate Name Dr. Jim McDermott		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4381567
State: WA      District: 7	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Friends of Sam Johnson</b>		Date of Disbursement 07 / 17 / 2001
Mailing Address P.O. Box 516145 City State Zip Code Dallas TX 75251		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 FRIENDS OF SAM JOHNSON		FRIENDS OF SAM JOHNSON
Candidate Name Mr. Sam Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4381565
State: TX      District: 3	Category/Type 011	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</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. Nancy Pelosi for Congress</b>		Date of Disbursement 07 / 17 / 2001
Mailing Address 11th Floor City State Zip Code San Francisco CA 94104		Amount of Each Disbursement this Period 100.00
Purpose of Disbursement YTD:\$100.00 NANCY PELOSI FOR CONGRESS		011 Category/ Type NANCY PELOSI FOR CONGRESS
Candidate Name Ms. Nancy Pelosi		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 8	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4381568

Full Name (Last, First, Middle Initial) <b>B. J.D. Hayworth for Congress</b>		Date of Disbursement 07 / 17 / 2001
Mailing Address P.O. Box 9207 City State Zip Code Mesa AZ 85214		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00 J.D. HAYWORTH FOR CONGRESS		011 Category/ Type J.D. HAYWORTH FOR CONGRESS
Candidate Name Mr. J.D. Hayworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 6	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4381564

Full Name (Last, First, Middle Initial) <b>C. Mike Bilirakis for Congress</b>		Date of Disbursement 07 / 17 / 2001
Mailing Address P.O. Box 1077 City State Zip Code Tarpon Springs FL 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00 MIKE BILIRAKIS FOR CONGRES		011 Category/ Type MIKE BILIRAKIS FOR CONGRESS
Candidate Name Mr. Michael Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 8	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4381569

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2100.00</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. Martin Frost Campaign Committee</b>		Date of Disbursement 07 <sup>M</sup> / 17 <sup>D</sup> / 2001 <sup>Y</sup>	
Mailing Address P.O. Box 4219 City State Zip Code Dallas TX 75208		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 MARTIN FROST CAMPAIGN COMM		011 Category/ Type	
Candidate Name Mr. Martin Frost		MARTIN FROST CAMPAIGN COMMITTEE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: TX      District: 24	Transaction ID: 4381563		

Full Name (Last, First, Middle Initial) <b>B. Mary Bono Committee</b>		Date of Disbursement 07 <sup>M</sup> / 17 <sup>D</sup> / 2001 <sup>Y</sup>	
Mailing Address PO Box 337D City State Zip Code Palm Springs CA 92268		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 MARY BONO COMMITTEE		011 Category/ Type	
Candidate Name Mary Bono		MARY BONO COMMITTEE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: CA      District: 44	Transaction ID: 4381568		

Full Name (Last, First, Middle Initial) <b>C. Nita Lowey For Congress</b>		Date of Disbursement 07 <sup>M</sup> / 30 <sup>D</sup> / 2001 <sup>Y</sup>	
Mailing Address 1185 Avenue of the Americas City State Zip Code New York NY 10036		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Ms. Nita M. Lowey		NITA M. LOWEY FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NY      District: 18	Transaction ID: 4381802		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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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. Anna Eshoo for Congress</b>		Date of Disbursement 07 <sup>N</sup> / 30 <sup>M</sup> / 2001 <sup>Y</sup>	
Mailing Address 555 Capitol Mall Ste 1425 City Sacramento State CA Zip Code 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type	
Candidate Name Ms. Anna G. Eshoo			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: CA      District: 14	Transaction ID: 4381801		

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>9100.00</b>