

**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.