

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 APMA Podiatry Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road
 Check if different than previously reported. (ACC) Bethesda MD 20814 1858

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00008639

3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) X 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 (12G)
 Election on in the State of
 General (30G) Runoff (30R) Special (30S)

5. Covering Period 08 01 2001 through 08 30 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 09 18 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.

Office
Use
Only

FEC FORM 3X
(Revised 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
APMA Podiatry Political Action Committee

Report Covering the Period: From: 06 01 2001 To: 06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		294666.64
(b) Cash on Hand at Beginning of Reporting Period	332442.22	
(c) Total Receipts (from Line 19)	27571.00	131946.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	360013.22	426613.22
7. Total Disbursements (from Line 30)	5500.00	72100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	354513.22	354513.22
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 800-426-9530
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:

06 01 2001

To:

06 30 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)	10075.00	
(ii) Unitemized	17496.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27571.00	131946.58
(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)	27571.00	131946.58
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.)	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)	27571.00	131946.58
20. Total Federal Receipts (subtract Line 18 from Line 19)	27571.00	131946.58

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.....	5500.00	72000.00
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	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	5500.00	72100.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	5500.00	72100.00
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	27571.00	131946.58
33. Total Contribution Refunds (from Line 28(d)).....	0.00	100.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	27571.00	131846.58
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: PAGE 5 / 21

(check only one)

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. David Gleitman, DPM

Mailing Address
2000 Hampton Ctr. #B

City State Zip Code
Morgantown WV 26505-1704

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FootWise Podiatry of West Virginia Podiatrist

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

Transaction ID: 4381031

B. Full Name (Last, First, Middle Initial)
Dr. David Feller, DPM

Mailing Address
2844 Mossie Blvd. #115

City State Zip Code
Monroeville PA 15146-3348

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PENNSYLVANIA PODIATRIC MEDICAL ASS- SOC Podiatrist

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

Transaction ID: 4381037

C. Full Name (Last, First, Middle Initial)
Dr. Steven Damon, DPM

Mailing Address
64 Palomba Dr.

City State Zip Code
Enfield CT 06062-3844

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 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: 4381045

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 / 21	
	<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. Devang Patel, DPM

Mailing Address
4 Colony St

City State Zip Code
Norwalk CT 06851-5803

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Colony Podiatry Associates Podiatrist

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

Transaction ID: 4381D48

B. Full Name (Last, First, Middle Initial)
Dr. John D'Amico, DPM

Mailing Address
187 N. Main St

City State Zip Code
Wallingford CT 06492-3721

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 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: 4381D44

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

Mailing Address
3801 International Dr. #204

City State Zip Code
Silver Spring MD 20906-1550

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 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: 4381D62

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 21	
	<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. Edward Anderson, DPM

Mailing Address
319 Audubon St.

City State Zip Code
Henderson KY 42420-3901

Date of Receipt
M M / D D / Y Y Y Y
06 / 07 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: 4381068

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth Sengpiel, DPM

Mailing Address
2366 Nicholasville Rd. #503

City State Zip Code
Lexington KY 40503-3010

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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: 4381121

C. Full Name (Last, First, Middle Initial)
Dr. Keith Turlington, DPM

Mailing Address
10000 Watson Rd. #2R

City State Zip Code
Saint Louis MO 63126-1854

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 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: 4381118

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: PAGE 8 / 21

(check only one)

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. Dr. Marc Bruell, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2001

1550 S. Woodland Ave.

City

State

Zip Code

Michigan City

IN

46360-7125

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

300.00

Name of Employer

Occupation

Hillsboro Foot Clinic

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

300.00

Transaction ID: 4381120

Full Name (Last, First, Middle Initial)

B. Dr. Eliot Michael, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2001

882 S.E. Oak St.

City

State

Zip Code

Hillsboro

OR

97123-4240

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

125.00

Name of Employer

Occupation

Hillsboro Foot Clinic

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 4381081

Full Name (Last, First, Middle Initial)

C. Dr. Daniel Fulmer, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2001

1551 Bishop #210

City

State

Zip Code

San Luis Obispo

CA

93401-4861

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

Occupation

CALIFORNIA PODIATRIC MEDICAL ASSO-

Podiatrist

CIATI

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 4381100

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

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 / 21

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. Dr. Gail Johnson, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 11 / 2001

P.O. Box 1475

City

State

Zip Code

Arroyo Grande

CA

93421-1475

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

CALIFORNIA PODIATRIC MEDICAL ASSO-
CIATI

Occupation

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

250.00

Transaction ID: 4381101

Full Name (Last, First, Middle Initial)

B. Dr. B. Richard Burke, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 12 / 2001

1761 W. Romneya Dr. E.

City

State

Zip Code

Anaheim

CA

92801-1816

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

CALIFORNIA PODIATRIC MEDICAL ASSO-
CIATI

Occupation

Podiatrist

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

250.00

Transaction ID: 4381147

Full Name (Last, First, Middle Initial)

C. Dr. Thomas Jacobs, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 12 / 2001

700 Center St. #508

City

State

Zip Code

Columbus

GA

31901-1567

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

300.00

Name of Employer

Occupation

Podiatrist

Receipt For:

Primary General

Aggregate Year-to-Date ▼

Other (specify) ▼

300.00

Transaction ID: 4381144

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 / 21	
	<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. Harry Goldsmith, DPM

Mailing Address
13337 E. South St. #325

City State Zip Code
Cerritos CA 90703-7300

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 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- Podiatrist
CIATI

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

Transaction ID: 4381127

B. Full Name (Last, First, Middle Initial)
Dr. Stephen Wan, DPM

Mailing Address
3400 W. Lomita Blvd. #403

City State Zip Code
Torrance CA 90505-4930

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 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- Podiatrist
CIATI

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

Transaction ID: 4381129

C. Full Name (Last, First, Middle Initial)
Dr. Leoneta May, DPM

Mailing Address
1761 W. Romneya Dr. E.

City State Zip Code
Anaheim CA 92801-1818

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 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- Podiatrist
CIATI

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

Transaction ID: 4381148

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 / 21	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Darrell Prins, DPM

Mailing Address
3D11 N.E. West Devils Lake Rd.
City Lincoln City State OR Zip Code 97367-5131

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Lincoln County Foot Health Center Occupation Podiatrist

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

Transaction ID: 4381152

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

Mailing Address
1227 N.E. 7th St.
City Grants Pass State OR Zip Code 97526-1423

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Podiatrist

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

Transaction ID: 4381153

Full Name (Last, First, Middle Initial)
C. Dr. Patrick Evoy, DPM

Mailing Address
2408 N.E. Division St. #100
City Bend State OR Zip Code 97701-3543

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2001

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Cascade Foot Clinic Occupation Podiatrist

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

Transaction ID: 4381154

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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: PAGE 12 / 21

(check only one)

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. Dr. Samuel Wociker, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 15 / 2001

445 Warrior Trl.

City

State

Zip Code

Enterprise

FL

32725-2456

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

75.00

Name of Employer

FLORIDA PODIATRIC MEDICAL ASSOCIA-
TION

Occupation

Podiatrist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 4381178

Full Name (Last, First, Middle Initial)

B. Dr. Stanley Leis, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 18 / 2001

809 N. Liberty St.

City

State

Zip Code

Boise

ID

83704-8703

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

Occupation

Podiatrist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 4381313

Full Name (Last, First, Middle Initial)

C. Dr. Rebecca Smiley-Leis, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 18 / 2001

809 N. Liberty St.

City

State

Zip Code

Boise

ID

83704-8703

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

Idaho Foot & Ankle Associates

Occupation

Podiatrist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 4381314

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 21	
	<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. Harold Sterling, DPM

Mailing Address
1500 W. Saginaw St.
City: Lansing State: MI Zip Code: 48915-1380

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Podiatrist

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

Transaction ID: 4381303

Full Name (Last, First, Middle Initial)
B. Dr. Kirk Davis, DPM

Mailing Address
601 Wayne Ave.
City: Chambersburg State: PA Zip Code: 17201-3805

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation:
PENNSYLVANIA PODIATRIC MEDICAL ASSOCIATION

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

Transaction ID: 4381312

Full Name (Last, First, Middle Initial)
C. Dr. Eric Hubbard, DPM

Mailing Address
Long Beach Memorial Med. Ctr. 2333 Pacific Ave.
City: Long Beach State: CA Zip Code: 90806-3025

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation:
CALIFORNIA PODIATRIC MEDICAL ASSOCIATION

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

Transaction ID: 4381335

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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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. Steven Tilles, DPM

Mailing Address
7131 Liberty Rd. #100

City State Zip Code
Baltimore MD 21207-4580

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
125.00

Name of Employer Occupation
Podiatrist

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

Transaction ID: 4381348

B. Full Name (Last, First, Middle Initial)
Dr. Paul Schwarz, DPM

Mailing Address
1479 Ygnacio Valley Rd. #102

City State Zip Code
Walnut Creek CA 94598-2987

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
CALIFORNIA PODIATRIC MEDICAL ASSO- Podiatrist
CIATI

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

Transaction ID: 4381355

C. Full Name (Last, First, Middle Initial)
Dr. Albert Brown, DPM

Mailing Address
4879 Coconut Creek Pkwy.

City State Zip Code
Coconut Creek FL 33065-3944

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
FLORIDA PODIATRIC MEDICAL ASSOCIA- Podiatrist
TION

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

Transaction ID: 4381381

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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 / 21	
	<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. Ira Bennett, DPM

Mailing Address
5424 Grand Blvd.

City State Zip Code
New Port Richey FL 34652-4008

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FLORIDA PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4381387

B. Full Name (Last, First, Middle Initial)
Dr. David Wuerzler, DPM

Mailing Address
1550 E. Main St.

City State Zip Code
Dothan AL 36301-3012

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FLORIDA PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4381388

C. Full Name (Last, First, Middle Initial)
Dr. Andrew Levy, DPM

Mailing Address
3375 Bums Rd. #105

City State Zip Code
Palm Beach Gardens FL 33410-4360

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FLORIDA PODIATRIC MEDICAL ASSOCIATION Podiatrist

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

Transaction ID: 4381389

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 16 / 21	
	<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. Michael Conway, DPM

Mailing Address
882 N. Broadway

City State Zip Code
North Massapequa NY 11758-2352

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NEW YORK STATE PODIATRIC MEDICAL ASSOC Podiatrist

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

Transaction ID: 4381409

Full Name (Last, First, Middle Initial)
B. Dr. Robert Sampson, DPM

Mailing Address
10535 N.E. Glisan

City State Zip Code
Portland OR 97220-4076

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 1

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health First Medical Clinic Podiatrist

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

Transaction ID: 4381438

Full Name (Last, First, Middle Initial)
C. Dr. Fad Melek, DPM

Mailing Address
1833 S.W. Fairhill Dr.

City State Zip Code
Roseburg OR 97470-3067

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 1

Amount of Each Receipt this Period
125.00

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: 4381434

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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<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	17
	13		14		15		16		

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

Full Name (Last, First, Middle Initial)

A. Dr. Darin Lowe, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 27 / 2001

3B11 Bissell Ave.

City

State

Zip Code

Richmond

CA

94805-2256

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

CALIFORNIA PODIATRIC MEDICAL ASSO-
CIATI

Occupation

Podiatrist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 4381418

Full Name (Last, First, Middle Initial)

B. Dr. Barry Wessalowski, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 28 / 2001

208 N. 8th St

P.O. Box 372

City

State

Zip Code

Independence

KS

67301-3103

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

KANSAS PODIATRIC MEDICAL ASSOCIAT-
ION

Occupation

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 4381439

Full Name (Last, First, Middle Initial)

C. Dr. Gregory Spain, DPM

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
06 / 28 / 2001

235 Humphrey Rd.

2 Pineview Pl. #4

City

State

Zip Code

Greensburg

PA

15801-4579

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer

PENNSYLVANIA PODIATRIC MEDICAL AS-
SOC

Occupation

Podiatrist

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 4381443

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

A. Full Name (Last, First, Middle Initial)
Dr. R. Davis, DPM

Mailing Address
2409 Main St.

City State Zip Code
Bridgeport CT 06606-5324

Date of Receipt
M / D / Y
06 / 30 / 2001

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

Amount of Each Receipt this Period
250.00

Transaction ID: 4381458

B. Full Name (Last, First, Middle Initial)
Dr. Eric Silverstein, DPM

Mailing Address
85 Seymour St #409

City State Zip Code
Hartford CT 06106-5523

Date of Receipt
M / D / Y
06 / 30 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CT Surgical Group Podiatrist

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

Amount of Each Receipt this Period
250.00

Transaction ID: 4381462

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	10075.00

**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)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Sherrod Brown			Date of Disbursement 06 / 13 / 2001	
Mailing Address 111 Edgefield Dr. City: Elyria State: OH Zip Code: 44035			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2,000.00 FRIENDS OF SHERROD BROWN			011 Category/ Type	
Candidate Name Mr. Sherrod Brown				
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) ▼		FRIENDS OF SHERROD BROWN Transaction ID: 4381164	
State: OH District: 13				

Full Name (Last, First, Middle Initial) B. Ehrlich for Congress Committee			Date of Disbursement 06 / 13 / 2001	
Mailing Address 1301 York Rd. City: Lutherville State: MD Zip Code: 21093			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 EHRLICH FOR CONGRESS COMMI			011 Category/ Type	
Candidate Name Mr. Robert Ehrlich, Jr.				
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) ▼		EHRLICH FOR CONGRESS COMMITTEE Transaction ID: 4381162	
State: MD District: 2				

Full Name (Last, First, Middle Initial) C. Nethercutt For Congress			Date of Disbursement 06 / 13 / 2001	
Mailing Address P.O. Box 1925 City: Spokane State: WA Zip Code: 99201			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 NETHERCUTT FOR CONGRESS			011 Category/ Type	
Candidate Name George R. Nethercutt, Jr.				
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) ▼		NETHERCUTT FOR CONGRESS Transaction ID: 4381161	
State: WA District: 6				

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 21

<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. McCoy For Congress		Date of Disbursement 06 / 13 / 2001	
Mailing Address 2421 E Leach Avenue City State Zip Code Des Moines IA 50320		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Candidate reported as running		Candidate reported as running for state rather than federal office	
Candidate Name Mr. Matt McCoy		011 Category/ Type	
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: IA District: 4	Transaction ID: 4539350		

Full Name (Last, First, Middle Initial) B. Friends of Senator Carl Levin		Date of Disbursement 06 / 18 / 2001	
Mailing Address P.O. Box 1857 City State Zip Code Detroit MI 48231		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 FRIENDS OF SENATOR CARL LEVIN		FRIENDS OF SENATOR CARL LEVIN	
Candidate Name Mr. Carl Levin		011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MI District: 1	Transaction ID: 4381323		

Full Name (Last, First, Middle Initial) C. Diana DeGette for Congress		Date of Disbursement 06 / 18 / 2001	
Mailing Address P.O. Box 61337 City State Zip Code Denver CO 80206		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00 DIANA DEGETTE FOR CONGRESS		DIANA DEGETTE FOR CONGRESS	
Candidate Name Diana DeGette		011 Category/ Type	
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: CO District: 1	Transaction ID: 4381324		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 21

<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. Jim Davis for Congress		Date of Disbursement 06 / 18 / 2001	
Mailing Address 3716 W Swann Avenue City Tampa State FL Zip Code 33609		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 JIM DAVIS FOR CONGRESS		011 Category/ Type	
Candidate Name Mr. Jim Davis		JIM DAVIS 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: FL District: 11	Transaction ID: 4381322		

B.

C.

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	5500.00