

**FEC
FORM 3X**

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

Office Use Only

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

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

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

C00008639

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

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 Feb 20 (M2) May 20 (M5) X Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 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)
 Convention (12C) Special (12S)
 (d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on in the State of
 Termination Report (TER) 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 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: ^h07 ^D01 ^v2001 To: ^h07 ^D31 ^v2001

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^v 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) | 10000.00 | 82100.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 365356.09 | 365356.09 |
| 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 800-426-9530
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:

07 01 2001

To:

07 31 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..... | 10000.00 | 82000.00 |
| 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)..... ▶ | 10000.00 | 82100.00 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 10000.00 | 82100.00 |
| <hr/> | | |
| III. Net Contributions/Operating Expenditures | | |
| 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) | | PAGE 6 / 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. Stuart Steinberg, DPM

Mailing Address
3322 W. Magnolia Blvd.
City: Burbank State: CA Zip Code: 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: CALIFORNIA PODIATRIC MEDICAL ASSOCIATION Occupation: Podiatrist

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

Transaction ID: 4381485

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

Mailing Address
3827 S. Harvard
City: Tulsa State: OK Zip Code: 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: OKLAHOMA PODIATRIC MEDICAL ASSOCIATION Occupation: Podiatrist

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

Transaction ID: 4381525

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

Mailing Address
6376 Spring Mountain Rd
City: Las Vegas State: NV Zip Code: 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: Self-Employed Occupation: Self-Employed

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 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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 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. 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)
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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. Charles Morelli, DPM

Mailing Address
444 E. Boston Post Rd. #107

City State Zip Code
Mamaroneck NY 10543-3704

Date of Receipt
M / 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 / 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 / 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
 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. 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)
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FOR LINE NUMBER:
(check only one)

PAGE 12 / 18

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert 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) | | | | PAGE 13 / 18 |
| | <input checked="" type="checkbox"/> 11a 13 | <input type="checkbox"/> 11b 14 | <input type="checkbox"/> 11c 15 | <input type="checkbox"/> 12 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. Paul Tipton, DPM

Mailing Address
5135 Dixie Hwy.

City State Zip Code
Louisville KY 40216-1771

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
300.00

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | Podiatrist |

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: 4389405

B.

C.

| | | |
|------------------------------------------------------------------|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 300.00 |
| TOTAL This Period (last page this line number only) | ▶ | 6510.00 |

**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 14 / 18

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. Date of Receipt
 Mailing Address
 17 W. Main Street
 City State Zip Code
 Avon CT 06001-3717
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 1342.83
 Name of Employer Occupation
 Advest, Inc.
 Receipt For: Aggregate Year-to-Date ▼ Interest & Dividends Income
 Primary General
 Other (specify) ▼ 7586.79
 Transaction ID: 4395861

Full Name (Last, First, Middle Initial)
B. Brokerage Firm Advest, Inc. Date of Receipt
 Mailing Address
 17 W. Main Street
 City State Zip Code
 Avon CT 06001-3717
 Amount of Each Receipt this Period
 FEC ID number of contributing federal political committee. 1365.04
 Name of Employer Occupation
 Advest, Inc.
 Receipt For: Aggregate Year-to-Date ▼ Interest & Divident Income
 Primary General
 Other (specify) ▼ 8961.83
 Transaction ID: 4390169

C.

| | | |
|------------------------------------------------------------------|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2707.87 |
| TOTAL This Period (last page this line number only) | ▶ | 2707.87 |

**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 15 / 18

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

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Ed Bryant for Congress Committee | | 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. Friends of Jim McDermott | | 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) C. Friends of Sam Johnson | | 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 | |

| | |
|------------------------------------------------------------------|----------------|
| 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 18 / 18

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

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Nancy Pelosi for Congress | | Date of Disbursement 07 / 17 / 2001 |
| Mailing Address 11th Floor City State Zip Code San Francisco CA 94104 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1,000.00 Clerical Error Correction | | 011 Category/ Type Clerical Error Correction - Contribution listed |
| Candidate Name Ms. Nancy Pelosi | | |
| 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: 4381568 |
| State: CA District: 8 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. J.D. Hayworth for Congress | | 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 | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 4381564 |
| State: AZ District: 6 | | |

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Mike Bilirakis for Congress | | 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 | Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼ | Transaction ID: 4381569 |
| State: FL District: 8 | | |

| | |
|--------------------------------------------------------------------|----------------|
| 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 17 / 18

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

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Martin Frost Campaign Committee | | Date of Disbursement 07 ^M / 17 ^D / 2001 ^Y | |
| 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. Mary Bono Committee | | Date of Disbursement 07 ^M / 17 ^D / 2001 ^Y | |
| 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) C. Nita Lowey For Congress | | Date of Disbursement 07 ^M / 30 ^D / 2001 ^Y | |
| 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 | | |

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|--------------------------------------------------------------------|----------------|
| 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 18 / 18

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

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

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Anna Eshoo for Congress | | Date of Disbursement 07 ^N / 30 ^M / 2001 ^Y | |
| 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.

| | |
|------------------------------------------------------------------|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | 10000.00 |