

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 7
03/15/2001 14 : 32

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

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Termination report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input checked="" type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____

Thirtieth day report following the General Election
on _____ In the State of _____

(b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>02/01/2001</u> through <u>02/28/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		294886.84
(b) Cash on Hand at Beginning of Reporting Period	313233.65	
(c) Total Receipts (from line 19)	18070.73	35637.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	329304.38	330304.38
7. Total Disbursements (from line 30)	2500.00	3500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	326804.38	326804.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact : Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		
Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson DPM		
Signature of Treasurer	Date 03/13/2001	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE APMA Podiatry Political Action Committee	REPORT COVERING PERIOD		
	FROM 02/01/2001	TO: 02/28/2001	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6750.00	15950.00	11.a.i.
ii. Unitemized	8115.61	17814.62	11.a.ii.
iii. Total	14865.61	33764.62	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	14865.61	33764.62	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	1205.12	1673.12	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	16070.73	35637.74	19.
20. Total Federal Receipts	16070.73	35637.74	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	3500.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	2500.00	3500.00	30.
31. Total Federal Disbursements	2500.00	3500.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	14865.61	33764.62	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	14865.61	33764.62	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	3 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 11a

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

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

Full Name, Mailing Address, and ZIP Code Dr. David Yee, DPM 50 S. Baretania St. #C111 Honolulu HI 06813-2222 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HI Foot Clinic Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/01/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. Robert Boucreau, DPM 1028 E. Idel St. #A Tyler TX 75701-2024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/05/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. Norman Goldman, DPM 811 West Hwy. 120, #136 Arlington TX 76017 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/05/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. W. Fleming, DPM 3300 S.W. 33rd Ocala FL 34474 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/13/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. James Christina, DPM 5640 Nicholson Ln. #10 Rockville MD 20852-2952 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer White Flint Podiatry Center Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/14/2001	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Dr. Thomas Orlerzio, DPM 3230 Eastern Blvd. York PA 17402-3030 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Associated Foot & Ankle Specialists Occupation Podiatrist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 02/15/2001	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Dr. Ethel Sonnenborn, DPM 45 Sutton Pl. S. #16D New York NY 10022-2448 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Podiatrist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 02/20/2001	Amount of Each Receipt this Period 500.00

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 7
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr. Wesley Daniel, DPM 1075 Beverly Rd. #B Gainesville GA 30501-2034	Name of Employer Gainesville Podiatry Clinic	Date (month, day, year) 02/20/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Brian Cornell, DPM 55 Memorial Blvd. Newport RI 02840-3879	Name of Employer	Date (month, day, year) 02/20/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Dr. Michael Joyce, DPM 510 S. Van Buren Rd. #D Eden NC 27208-5015	Name of Employer	Date (month, day, year) 02/23/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Dr. Rick Roper, DPM 2820 Palo Alto Dr. N.E. Albuquerque NM 87112-2191	Name of Employer	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Stanley Gorgol, DPM 198 Main St. Salem NH 03079-3115	Name of Employer	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Timothy Kemple, DPM 49 Birch St. Derry NH 03038-2718	Name of Employer	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Gary Grolemond, DPM 3423 4th St. #10 Brunswick GA 31520-3758	Name of Employer	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 7
			FOR LINE NUMBER 11a

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

Full Name, Mailing Address, and ZIP Code Dr. Karl Boesenberg, DPM 2741 Debarr Rd. #C-315 Anchorage AK 99508-5390 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer AK Podiatry Associates	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Kenneth Swayman, DPM 2741 Debarr Rd. #C-315 Anchorage AK 99508 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer AK Podiatry Associates	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Mackie Walker, DPM Carolina Pod. Med. Assn., P.A. 721 Richland Ave. W. Aiken SC 29801-3756 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. James Stocker, DPM 5530 W. Creedance Blvd. Glendale AZ 85310-3726 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Kent Magnini, DPM 5004 S. U St. #101B Fort Smith AR 72303-3800 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Foot Health Center	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. Seth Rubenstein, DPM 2579 John Milton Dr. #120 Herndon VA 20171-2500 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Fox Mill Podiatry Center	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 500.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. John Venore, DPM 306 S. 4th St. Gadsden AL 35901-5213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 02/27/2001	Amount of Each Receipt this Period 250.00
	Occupation Podiatrist		
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only) **6750.00**

SCHEDULE A	ITEMIZED RECEIPTS	6 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) APMA Podiatry Political Action Committee		
Full Name, Mailing Address, and ZIP Code Advest. Inc. 22 Waterville Rd. Avon CT 06001-2006	Name of Employer Brokerage Firm Occupation	Date (month, day, year) 02/28/2001 Amount of Each Receipt This Period 1205.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 1873.12	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		1205.12

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 7
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Toricelli for U.S. Senate NJ	Robert G. Toricelli, U.S. SEN-ATE NJ (Senate - NJ -) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	02/07/2001	1000.00
Hulshof for Congress P.O. Box 1621 Columbia MO 65205	Kenny Hulshof, U.S. HOUSE 8th MO (House - MO - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	02/07/2001	1000.00
Luther for Congress Volunteer Committee 4009 Tenth Avenue North Anoka MN 55303	William P. Bill Luther, U.S. HOUSE 8th MN (House - MN - 8) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : 2002	02/07/2001	500.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	2500.00