

**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** C00008639  
**CITY** **STATE** **ZIP CODE**  
 3. **IS THIS REPORT** **NEW (N)** **OR** **X** **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) Election on in the State of  
 (d) 30-Day Post-Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)

5. Covering Period 06 01 2001 through 06 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 01 07 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
APMA Podiatry Political Action Committee

Report Covering the Period: From: 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 .....	331942.22	
(c) Total Receipts (from Line 19) .....	27571.00	131446.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	359513.22	426113.22
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)) .....	354013.22	354013.22
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: <sup>K</sup>06 <sup>D</sup>01 <sup>Y</sup>2001 To: <sup>K</sup>06 <sup>D</sup>30 <sup>Y</sup>2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10075.00	
(ii) Unitemized .....	17496.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27571.00	129981.49
(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	129981.49
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	1465.09
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	131446.58
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	27571.00	131446.58

**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/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	27571.00	129981.49
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	129881.49
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 / 21	
	<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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Gleitman

Mailing Address  
372 Laurel St.

City State Zip Code  
Morgantown WV 26505-3223

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: 4967164

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

Mailing Address  
1120 Three Degree Rd.

City State Zip Code  
Butler PA 16002-7908

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  
Ankle & Foot Center Podiatrist

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

Transaction ID: 4967170

**C.** Full Name (Last, First, Middle Initial)  
Dr. Davang C. Patel

Mailing Address  
4 Colony St.

City State Zip Code  
Norwalk CT 06851

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: 4968256

**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	<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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Steven E. Damon**

Mailing Address  
388 N. Main St.

City State Zip Code  
Suffield CT 06078-1828

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 Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966255

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

Mailing Address  
200 Clark Ave.

City State Zip Code  
Branford CT 06405-4732

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 Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966254

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

Mailing Address  
2128 Rose Theatre Cir.

City State Zip Code  
Olney MD 20832-1877

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 Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966272

**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: PAGE 7 / 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. Edward Grant Anderson

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 6 / 0 7 / 2 0 0 1

319 Audubon St.

City

State

Zip Code

Henderson

KY

42420-3901

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Self-Employed

Occupation

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

250.00

Transaction ID: 4966278

Full Name (Last, First, Middle Initial)

B. Dr. Marc S. Bruel

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 6 / 1 1 / 2 0 0 1

257 E. Burdick Rd.

City

State

Zip Code

Chesterton

IN

46304-9303

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

300.00

Name of Employer  
Self-Employed

Occupation

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

300.00

Transaction ID: 4966324

Full Name (Last, First, Middle Initial)

C. Dr. Keith A. Turlington

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 6 / 1 1 / 2 0 0 1

19014 W. Moore Meadows

City

State

Zip Code

St. Louis

MO

63127-1225

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

300.00

Name of Employer  
Self-Employed

Occupation

Podiatrist

Receipt For:

Aggregate Year-to-Date ▼

Primary

General

Other (specify) ▼

300.00

Transaction ID: 4966322

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 21

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. Elliot Michael

Mailing Address  
862 S.E. Oak St.

City Hillsboro State OR Zip Code 97123-4240

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 11 / 2001

Amount of Each Receipt this Period  
125.00

FEC ID number of contributing federal political committee.

Name of Employer Hillsboro Foot Clinic Occupation Podiatrist

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

Transaction ID: 4966285

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

Mailing Address  
2104 Elgin Pl.

City Lexington State KY Zip Code 40515-1171

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 Self-Employed Occupation Podiatrist

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

Transaction ID: 4966325

**C.** Full Name (Last, First, Middle Initial)  
Dr. Daniel G. Fulmer

Mailing Address  
195 Hathway

City San Luis Obispo State CA Zip Code 93405-1419

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 San Luis Podiatry Occupation Podiatrist

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

Transaction ID: 4966304

**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 9 / 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. Gail R. Johnson

Mailing Address  
P.O. Box 1475

City State Zip Code  
Arroyo Grande CA 93421-1475

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 Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966305

**B.** Full Name (Last, First, Middle Initial)  
Dr. Leonella A. May

Mailing Address  
1761 W. Romneya Dr. E.

City State Zip Code  
Anaheim CA 92801-1816

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 Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968892

**C.** Full Name (Last, First, Middle Initial)  
Dr. B. Richard Burke

Mailing Address  
1761 W. Romneya Dr. #E.

City State Zip Code  
Anaheim CA 92801-1816

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 Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968891

**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 10 / 21	
	<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. Thomas A. Jacobs**

Mailing Address  
6808 Gaines Ridge Rd.

City State Zip Code  
Columbus GA 31904-3327

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968888

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

Mailing Address  
3221 Blume Dr.

City State Zip Code  
Rossmoor CA 90720-4812

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 Self-Employed Occupation  
W. Torrance Podiatrists Group, Inc. Podiatrist

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

Transaction ID: 4968873

Full Name (Last, First, Middle Initial)  
**C. Dr. Harry Goldenrith**

Mailing Address  
19224 Trentham Ave.

City State Zip Code  
Cerritos CA 90703-7269

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 Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968871

**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 11 / 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. Patrick J. Evay**

Mailing Address  
1205 N.E. 8th

City State Zip Code  
Bend OR 97701-4306

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  
Cascade Foot Clinic Podiatrist

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

Transaction ID: 4968896

Full Name (Last, First, Middle Initial)  
**B. Dr. John E. Daulte**

Mailing Address  
454 Avenue De tarasa

City State Zip Code  
Grants Pass OR 97526-4107

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  
Self-Employed Podiatrist

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

Transaction ID: 4968897

Full Name (Last, First, Middle Initial)  
**C. Dr. Daniel Duane Price**

Mailing Address  
3011 N.E. West Devils Lake Rd.

City State Zip Code  
Lincoln City OR 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 Occupation  
Lincoln County Foot Health Center Podiatrist

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

Transaction ID: 4968898

**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: (check only one)		PAGE 12 / 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. Samuel Stuart Woocker**

Mailing Address  
445 Warrior Trail

City State Zip Code  
Enterprise FL 32725-2456

Date of Receipt  
M / D / Y Y Y Y  
06 / 15 / 2001

Amount of Each Receipt this Period  
75.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mobile Foot Care Services, Inc. Podiatrist

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

Transaction ID: 4968917

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

Mailing Address  
44 Monroe Dr.

City State Zip Code  
Chambersburg PA 17201-7914

Date of Receipt  
M / 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  
Self-Employed Podiatrist

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

Transaction ID: 4967858

Full Name (Last, First, Middle Initial)  
**C. Dr. Rebecca Smiley-Lels**

Mailing Address  
272 E. Woodlander Ct

City State Zip Code  
Eagle ID 83816-6322

Date of Receipt  
M / 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  
Idaho Foot & Ankle Associates Podiatrist

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

Transaction ID: 4967860

**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. Stanley Leis**

Mailing Address  
372 E. Woodlander Ct.  
City Eagle State ID Zip Code 83616-6323

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 Self-Employed Occupation Podiatrist

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

Transaction ID: 4967859

Full Name (Last, First, Middle Initial)  
**B. Dr. Harold D. Sterling, Jr.**

Mailing Address  
5406 River Bend Cir.  
City Grand Ledge State MI Zip Code 48837-8937

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 Self-Employed Occupation Podiatrist

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

Transaction ID: 4967849

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

Mailing Address  
3530 Weston City Long Beach State CA Zip Code 90807-3818

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 Self-Employed Occupation Podiatrist

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

Transaction ID: 4969032

**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 J. Tilles

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

Amount of Each Receipt this Period  
125.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967878

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul S. Schwartz

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4969037

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ira E. Bennett

Mailing Address  
5424 Grand Blvd.

City State Zip Code  
New Port Richey FL 34852-4062

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 Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966360

**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)

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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. Albert R. Brown

Mailing Address  
5714 Guava Dr.

City State Zip Code  
Tamarac FL 33319-3018

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 1

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966354

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

Mailing Address  
57 Fox Chase Dr.

City State Zip Code  
Dothan AL 36305-1145

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 1

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966359

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

Mailing Address  
6751 145th Pl. N.

City State Zip Code  
Palm Beach Gardens FL 33416-7295

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 1

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4966362

**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 A. Conway**

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  
06 / 26 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Massapequa Foot Care Podiatrist

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

Transaction ID: 4966375

Full Name (Last, First, Middle Initial)  
**B. Dr. Darin Lowe**

Mailing Address  
1806 San Ramon Ave.

City State Zip Code  
Berkeley CA 94707-1630

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
W. County Family Foot Center Podiatrist

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

Transaction ID: 4966384

Full Name (Last, First, Middle Initial)  
**C. Dr. Robert Sampson**

Mailing Address  
1919 N.W. 24th Ave.

City State Zip Code  
Portland OR 97210-2539

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

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: 4966153

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **875.00**

**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 17 / 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. Fadi Elias Melak**

Mailing Address  
1833 S.W. Fairhill Dr.

City State Zip Code  
Roseburg OR 97470-3087

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2001

Amount of Each Receipt this Period  
125.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4968151

Full Name (Last, First, Middle Initial)  
**B. Dr. Gregory C. Spain**

Mailing Address  
3121 Princeton Rd. 2 Pinewood Pl. #4

City State Zip Code  
Greensburg PA 15601-3828

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967888

Full Name (Last, First, Middle Initial)  
**C. Dr. Barry E. Weaselowski**

Mailing Address  
319 N. 4th St. P.O. Box 372

City State Zip Code  
Independence KS 67301-3120

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 28 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4967882

**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 18 / 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

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

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

Mailing Address  
450 Clermont Ln.

City State Zip Code  
Orange CT 06477-2803

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4969049

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

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

Mailing Address  
8 Coolidge Rd.

City State Zip Code  
W Hartford CT 06117-2319

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation  
Podiatrist

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

Transaction ID: 4969055

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>10075.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)  
APMA Podiatry Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ehrlich for Congress Committee</b>		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.		EHRlich FOR CONGRESS COMMI- TTEE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4988905	
State: MD      District: 2			

Full Name (Last, First, Middle Initial) <b>B. Nethercutt For Congress</b>		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.		NETHERCUTT FOR CONGRESS	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4988904	
State: WA      District: 5			

Full Name (Last, First, Middle Initial) <b>C. Friends of Sherrod Brown</b>		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		FRIENDS OF SHERROD BROWN	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4988906	
State: OH      District: 13			

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. McCoy For Congress</b>		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 on July 20 FEC Report	
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: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4988807	
State: IA      District: 4			

Full Name (Last, First, Middle Initial) <b>B. Diana DeGette for Congress</b>		Date of Disbursement 06 / 18 / 2001	
Mailing Address P.O. Box 61337 City State Zip Code Denver CO 80208		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: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4987870	
State: CO      District: 1			

Full Name (Last, First, Middle Initial) <b>C. Jim Davis for Congress</b>		Date of Disbursement 06 / 18 / 2001	
Mailing Address 3718 W Swann Avenue City State Zip Code Tampa FL 33609		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 JIM DAVIS FOR CONGRESS		JIM DAVIS FOR CONGRESS	
Candidate Name Mr. Jim Davis		011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 4987868	
State: FL      District: 11			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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) <b>A. Friends of Senator Carl Levin</b>		Date of Disbursement 06 / 18 / 2001	
Mailing Address P.O. Box 1857 City Detroit State MI Zip Code 48231		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 FRIENDS OF SENATOR CARL LEVI		011 Category/ Type	
Candidate Name Mr. Carl Levin		FRIENDS OF SENATOR CARL LEVIN	
Office Sought: House X Senate President	Disbursement For: 2002 X Primary      General Other (specify) ▼	Transaction ID: 4967869	
State: MI      District: 1			

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5500.00</b>